

Healthcare Information Resource Center

Public File

DOCUMENTATION

The State Utilization Data File
of Primary Care Clinics

**Calendar Year
2003**

State Utilization Data File of Primary Care Clinics 2003

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State Utilization Data File of Primary Care Clinics 2003

Introduction

The Office of Statewide Health Planning and Development (OSHPD) annually produce the State Utilization Data File of Primary Care Clinics. The data is a compilation of the individual *Annual Utilization Report of Primary Care Clinics* that are filed by California's licensed Primary Care Clinics. These reports are collected using the Automated Licensing Information and Report Tracking System (ALIRTS), which is a data collection web site. The site is located at <http://alirts.oshpd.ca.gov>. The data are "as reported" by each facility but do have to pass electronic edits before they are accepted by ALIRTS.

The *Annual Utilization Report of Primary Care Clinics* utilization data file also includes additional data fields populated with information derived from licenses issued by the California Department of Health Services (DHS). Due to occasional time lags between licensing activities and subsequent updates to OSHPD's Licensed Facility Information System (LFIS) some fields may not provide the most current information (the licensing information on each facility is also on the ALIRTS web site. Login is not required to view data).

OSHPD welcomes suggestions for improving our data products. Email your suggestions to hircweb@oshpd.ca.gov

New Online Reporting System: ALIRTS

Beginning with 2002 data, clinics began to submit their utilization data to OSHPD through a new, paperless, Internet-based reporting system known as ALIRTS (Automated Licensing Information and Report Tracking System). Once the data are submitted and meet the ALIRTS's input quality criteria, the data are accepted and immediately become available to the public via the Internet (<http://alirts.oshpd.state.ca.us>). In addition to the data reported by each licensed facility, ALIRTS also has current and historical facility licensing information. The ALIRTS perspective for both utilization data and licensing data is by individual licensed facility.

OSHPD creates this State Utilization Data File of Primary Care Clinics after the annual reporting deadline, February 15, arrives for all individual licensed clinics.

New Data File Format

In addition to online reporting, another recent change involves the file type used for the public data file. Rather than displaying the data in a comma-delimited text file, the data file is now configured as a MS Excel file. The Excel software application uses "sections" or "tabs" called **worksheets**. This more efficient file management system permits the display of all the data in addition to any explanatory notes that help the user better understand the data. The data file is contained in one of the three worksheets. In the data file, each row (line) represents one facility and the facility's data are displayed across the columns. Each column displays the values for one data field. The data are generally displayed along the order of the report form (see example below).

Excel was selected because it is the analytical software used by most primary care clinic utilization data users. Its file format has become as generic as text file format. Excel was also selected because it can handle multiple worksheets in one file. A note for those data users who do not have Excel: Most analytical software can import Excel worksheets. If the Excel file

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format is incompatible with your software, contact OSHPD (hirc@oshpd.ca.gov) to obtain individual, comma-delimited text data files.

More on the Use of the MS-Excel Worksheets

There are five worksheets in the State Utilization Data File of Primary Care Clinics. To navigate from one worksheet to another, click on the applicable tab at the bottom of your screen. (See a recent year example in Figure 1, below):

35	306014097 TRI-CITY HEALTH CENTER	2289 MOWRY AVENUE SUITE 3-B
36	306014112 LOGAN HEALTH CENTER	1800 H STREET ROOM 3
37	306014113 WEST BERKELEY FAMILY PRACTICE	2031 SIXTH STREET
38	306014116 CENTER FOR ELDER'S INDEPENDENCE-OAKLAND-SAN PABLO	1955 SAN PABLO AVENUE
39	306014126 ASIAN HEALTH SERVICES	275 14TH STREET

Navigation tabs: Tips Sections_1_2_3 Sections_4_5_7_8 Section_6 Nonresponders

Figure 1

Description of the Worksheets in the Data File

Tab A - Tips: This worksheet includes suggestions and tips for using the data and Excel.

Tab B - Sections 1 2 3 (from *Annual Utilization Report of Primary Clinics* report form):

Section 1 includes basic facility descriptors, e.g., name and address

Section 2 includes license type, licensee (owner of license) description, FQHC status, community services provided, languages spoken by staff and patients and other staffing data.

Section 3 provides patient demographics and payer sources.

Tab C - Sections 4 5 7 8 (from *Annual Utilization Report of Primary Clinics* report form):

Section 4 displays encounters by principal diagnosis codes groups

Section 5 displays encounters by principal service provided

Section 7 is the clinic's income statement

Section 8 provides data covering major Capital Expenditures consisting of construction projects and purchases of major medical equipment

Tab D - Section 6 (from *Annual Utilization Report of Primary Clinics* report form):

Presents revenue and encounters/utilization by payer source.

Tab E - Nonresponders: lists name and address for each primary care clinic that failed to report their utilization data for 2003

Note - the first two columns of all three data worksheets display the clinic's name and OSHPD_ID number. Also, all worksheets list the clinics in numeric order by OSHPD_ID number (Column A), thus data for each clinic appears in the same row in both worksheets. (Because the county code is in the third and fourth digits, the clinics are also in county order when sorted in numeric order).

Significant Data Field Changes in the State Utilization Data File

For 2003, there are no major data field changes. There are, however, three important adjustments that affect the Report form or the Excel data file:

State Utilization Data File of Primary Care Clinics 2003

1. In the data file, the fields (columns) in the worksheet containing Section 6 are organized and displayed in "Section - Column - Line" order. In the past, the order of the Section 6 table, "Revenue and Utilization by Payment Source" was laid out in "Section - Line - Column" order. It is a lay-out change only and no data items were added or removed. Use care if you customarily cut and paste or link any of that table's items to an external file or document. Referring to the Report form for 2003 will assist you in navigating the fields in Section 6.
2. In Section 2, the "License Category (Type)" field was moved from Line 3 to Line 1. FQHC status and Rural Health Clinic fields were moved from Lines 1 and 2, to Lines 2 and 3, respectively.
3. New fields for displaying **future data items** are included in this dataset. Users should note that these items are not derived from facility-reported data or from the Licensing and Certification Division of DHS. Some of these fields remain unpopulated for 2003 but are slated to be filled in future datasets. These fields are located between the License Status and County fields.

Traditional and Alternative Header Rows

Header rows provide names for each data field (column). Three alternative header rows are included for the data worksheet (see Figure 2 sample below, copied from a related data file). The first row is the English abbreviation of the data field. The second is the section, line and column reference that can be sorted. The third header row is refers to the section, line and column on the Annual Utilization Report in a more "visual" format. These are simply alternatives for your use. You have the option to use the one (or ones) you like and can delete the others.

	A	B	C
1	OSHPD_ID	FAC_NAME	FAC_ADDRESS_1
2	slc010201	slc010101	slc010301
3			
4	1.2.1	1.1.1	1.3.1
5	306010804	EASTER SEAL SOC OF THE BAY AREA	2757 TELEGRAPH AVENUE
6	306010901	WOMENS CHOICE CLINIC - OAKLAND	43130TH STREET, STE NO.3
7	306012807	BERKELEY COMMUNITY HEALTH PROJECT	2339 DURANT AVENUE

Figure 2

The Office recognizes that users of the data have varying preferences regarding header rows. Three header row styles are offered here. For those who prefer English names, the first alternative header row displays English abbreviations.

The **Section - Line - Column** format (row 2) is the next alternative header style. It contains alpha characters and does not include periods. Each field name in this set begins with the constant "slc", followed by 2-digit **section**, 2-digit **line** and 2-digit **column** numbers. For example, the field that is related to the question, "Was this clinic in operation at any time during year?" (**Section 1, Line 9, Column 1**), would be field name "slc010901."

If the data in the clinic utilization data worksheets are intended to be imported into other analytical (database) software, be aware that some database applications require at least one alpha character in the field name, while others will not allow "periods." The alternative field names in the two first rows both meet these naming conventions.

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The traditional approach to naming headers has been to provide field names that display the report form coordinates. The row directly above the data rows (in both data worksheets) is such a header row. Most field titles in this row (including all facility reported data fields), display their respective report form coordinates from the ALIRTS *Annual Utilization Report of Primary Care Clinics* report form. The field names display the **Section - Line - Column** numbers, delimited by “dots” (periods). Thus, using the prior example “Was this clinic in operation at any time during year?” is reported in Section 1, Line 9, Column 1. This field appears in spreadsheet Column I in the “Sections_1_2_3” worksheet and is displayed as “1.9.1”. This report-form-coordinates format is less complex for display purposes but does require the data user to refer to a copy of the report form when using the data file. A copy of the blank reporting form is provided as Appendix A, located at the end of this documentation file. Printing a hard copy for reference is recommended.

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2003

Spread sheet	Header Rows			SECTIONS 1, 2 & 3
Column	SLC_2-digit	S.L.C	English Abbreviations	Field Description
Data from Sections 1, 2, & 3 - Annual Utilization Report of Primary Care Clinics - 2003				
A	slc010201	1.2.1	OSHPD_ID	OSHPD Identification Number
B	slc010101	1.1.1	FAC_NAME	Facility Name
C	slc010301	1.3.1	FAC_ADDRESS_ONE	Facility Address one
D	slc010301	1.3.1	FAC_ADDRESS_TWO	Facility Address two
E	slc010401	1.4.1	FAC_CITY	City, location of facility
F	slc010501	1.5.1	FAC_ZIP--Code	Zip--Code, of facility
G	slc010601	1.6.1	FAC_PHONE	Telephone of facility
H	slc010701	1.7.1	FAC_ADMIN_NAME	Name of Facility Administrator
I	slc010901	1.9.1	FAC_OPER_CURRYR	Facility in operation at any time during report period
J	slc011001	1.10.1	BEG_DATE	Begin date of operation
K	slc011101	1.11.1	END_DATE	End date of operation
L	slc011201	1.12.1	PARENT_NAME	Name of Parent corporation
M	slc011301	1.13.1	PARENT_ADDRESS_ONE	Parent corporation address one
N	slc011301	1.13.1	PARENT_ADDRESS_TWO	Parent corporation address two
O	slc011401	1.14.1	PARENT_CITY	Parent corporation city
P	slc011501	1.15.1	PARENT_STATE	Parent corporation state
Q	slc011601	1.16.1	PARENT_ZIP--Code	Parent corporation ZipCode
R	slc011801	1.18.1	REPORT_PREP_NAME	Name of person completing the report
S	LIC_STAT	LIC_STAT	LIC_STATUS	Status of facility's license, according to California Department of Health Services (DHS)
T	DATE_LIC_STAT	DATE_LIC_STAT	DATE_LIC_STAT	Date of status of facility's license, according to DHS
U	ORIG_DATE_LIC	ORIG_DATE_LIC	ORIG_DATE_LIC	Date that the facility was originally licensed.
V	ACLAIMS_NO	ACLAIMS_NO	ACLAIMS_NO	DHS ACLAIMS Number
W	ASSEMBLY_DIST	ASSEMBLY_DIST	ASSEMBLY_DIST	Assembly District
X	SENATE_DIST	SENATE_DIST	SENATE_DIST	Senate District
Y	CONGRESS_DIST	CONGRESS_DIST	CONGRESS_DIST	Congressional Dist
Z	CENS_TRACT	CENS_TRACT	CENS_TRACT	Census Tract
AA	MSSA	MSSA	MED_SVC_STUDY_AREA	Medical Service Study Area is a planning area.
AB	LACO_SPA	LACO_SPA	LACO_SVC_PLAN_AREA	LA County Service Planning Area; nine planning areas designated by Los Angeles County.
AC	HSA	HSA	HEALTH_SVC_AREA	Health Service Area is a planning area comprising one or more whole counties.
AD	COUNTY	COUNTY	COUNTY	County
AE	LICENSE_NO	LICENSE_NO	LICENSE_NO	Facility's license number as issued by California Department of Health Services
AF	slc020101	2.1.1	Lic_Type	License Types are Community clinic and Free clinic
AG	slc020201	2.2.1	Clin_FQHC_or_Like	Federally Qualified Health Clinic type, or similar type, if applicable: -- FQHC (Federally Qualified Health Clinic) -- FQHC Look alike -- Neither
AH	slc020301	2.3.1	Clin_95210_Rural	Rural clinic category under PL-95-210
AI	slc021001	2.10.1	ComSvc_Adult_Day_Care	Community services offered, adult day care
AJ	slc021101	2.11.1	ComSvc_Child_Care	Community services offered, child care
AK	slc021201	2.12.1	ComSvc_Education	Community services offered, community education
AL	slc021301	2.13.1	ComSvc_Nutrition	Community services offered, community nutrition
AM	slc021401	2.14.1	ComSvc_Disaster_Relief	Community services offered, disaster
AN	slc021501	2.15.1	ComSvc_Environ_Health	Community services offered, environmental health
AO	slc021601	2.16.1	ComSvc_Homeless	Community services offered, homeless
AP	slc021701	2.17.1	ComSvc_Legal	Community services offered, legal
AQ	slc021801	2.18.1	ComSvc_Outreach	Community services offered, outreach
AR	slc021901	2.19.1	ComSvc_Social_Svcs	Community services offered, social services
AS	slc022001	2.20.1	ComSvc_Subst_Abuse	Community services offered, substance abuse
AT	slc022101	2.21.1	ComSvc_Transport	Community services offered, transportation
AU	slc022201	2.22.1	ComSvc_Voc_Training	Community services offered, vocational training
AV	slc022301	2.23.1	ComSvc_Other	Community services offered, Other
AW	slc023001	2.30.1	Arabic_Lang_Stf	Language spoken by staff, Arabic

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Spread sheet	Header Rows			SECTIONS 1, 2 & 3
Column	SLC_2-digit	S.L.C	English Abbreviations	Field Description
Data from Sections 1, 2, & 3 - Annual Utilization Report of Primary Care Clinics - 2003				
AX	slc023002	2.30.2	Arabic_Lang_Pt	Language spoken by patients, Arabic
AY	slc023101	2.31.1	Armenian_Lang_Stf	Language spoken by staff, Armenian
AZ	slc023102	2.31.2	Armenian_Lang_Pt	Language spoken by patients, Armenian
BA	slc023201	2.32.1	Cambodian_Lang_Stf	Language spoken by staff, Cambodian
BB	slc023202	2.32.2	Cambodian_Lang_Pt	Language spoken by patients, Cambodian
BC	slc023301	2.33.1	Chinese_Lang_Stf	Language spoken by staff, Chinese
BD	slc023302	2.33.2	Chinese_Lang_Pt	Language spoken by patients, Chinese
BE	slc023401	2.34.1	Hindustani_Lang_Stf	Language spoken by staff, Hindustani
BF	slc023402	2.34.2	Hindustani_Lang_Pt	Language spoken by patients, Hindustani
BG	slc023501	2.35.1	Hmong_Lang_Stf	Language spoken by staff, Hmong
BH	slc023502	2.35.2	Hmong_Lang_Pt	Language spoken by patients, Hmong
BI	slc023601	2.36.1	Japanese_Lang_Stf	Language spoken by staff, Japanese
BJ	slc023602	2.36.2	Japanese_Lang_Pt	Language spoken by patients, Japanese
BK	slc023701	2.37.1	Korean_Lang_Stf	Language spoken by staff, Korean
BL	slc023702	2.37.2	Korean_Lang_Pt	Language spoken by patients, Korean
BM	slc023801	2.38.1	Laotian_Lang_Stf	Language spoken by staff, Laotian
BN	slc023802	2.38.2	Laotian_Lang_Pt	Language spoken by patients, Laotian
BO	slc023901	2.39.1	Portugese_Lang_Stf	Language spoken by staff, Portugese
BP	slc023902	2.39.2	Portugese_Lang_Pt	Language spoken by patients, Portugese
BQ	slc024001	2.40.1	Punjabi_Lang_Stf	Language spoken by staff, Punjabi
BR	slc024002	2.40.2	Punjabi_Lang_Pt	Language spoken by patients, Punjabi
BS	slc024101	2.41.1	Russian_Lang_Stf	Language spoken by staff, Russian
BT	slc024102	2.41.2	Russian_Lang_Pt	Language spoken by patients, Russian
BU	slc024201	2.42.1	Sign_Lang_Stf	Sign language used by staff
BV	slc024202	2.42.2	Sign_Lang_Pt	Sign language used by patients
BW	slc024301	2.43.1	Spanish_Lang_Stf	Language spoken by staff, Spanish
BX	slc024302	2.43.2	Spanish_Lang_Pt	Language spoken by patients, Spanish
BY	slc024401	2.44.1	Tagalog_Lang_Stf	Language spoken by staff, Tagalog
BZ	slc024402	2.44.2	Tagalog_Lang_Pt	Language spoken by patients, Tagalog
CA	slc024501	2.45.1	Vietnamese_Lang_Stf	Language spoken by staff, Vietnamese
CB	slc024502	2.45.2	Vietnamese_Lang_Pt	Language spoken by patients, Vietnamese
CC	slc025501	2.55.1	Eng_Not_Prim_Pt_Percent	Language not primarily English, patient percentage
CD	slc025601	2.56.1	Lang_If_Eng_Not_Prim	Language spoken by patients if English not primary
CE	slc026001	2.60.1	Physn_Salary_FTE	Personnel, for Encounters, Physician on Salary, Full-Time-Equivalent
CF	slc026002	2.60.2	Physn_Contract_FTE	Personnel, for Encounters, Physician on Contract, Full-Time-Equivalent
CG	slc026003	2.60.3	Physn_Volunteer_FTE	Personnel, for Encounters, Physician as Volunteer, Full-Time-Equivalent
CH	slc026004	2.60.4	Physn_TOT_FTE	Personnel, for Encounters, Physician TOTAL, Full-Time-Equivalent
CI	slc026005	2.60.5	Physn_Encr_FTE	Personnel, for Encounters, Physician TOTAL Encounters
CJ	slc026101	2.61.1	Physn_Asst_Salary_FTE	Personnel, for Encounters, Physician Assistant on Salary, Full-Time-Equivalent
CK	slc026102	2.61.2	Physn_Asst_Contract_FTE	Personnel, for Encounters, Physician Assistant on Contract, Full-Time-Equivalent
CL	slc026103	2.61.3	Physn_Asst_Volunteer_FTE	Personnel, for Encounters, Physician Assistant as Volunteer, Full-Time-Equivalent
CM	slc026104	2.61.4	Physn_Asst_TOT_FTE	Personnel, for Encounters, Physician Assistant TOTAL, Full-Time-Equivalent
CN	slc026105	2.61.5	Physn_Asst_Encr_FTE	Personnel, for Encounters, Physician Assistant TOTAL Encounters
CO	slc026201	2.62.1	Nur_Fam_Pract_Salary_FTE	Personnel, for Encounters, Nurse Family Practitioner on Salary, Full-Time-Equivalent
CP	slc026202	2.62.2	Nur_Fam_Pract_Contract_FTE	Personnel, for Encounters, Nurse Family Practitioner on Contract, Full-Time-Equivalent
CQ	slc026203	2.62.3	Nur_Fam_Pract_Volunteer_FTE	Personnel, for Encounters, Nurse Family Practitioner as Volunteer, Full-Time-Equivalent
CR	slc026204	2.62.4	Nur_Fam_Pract_TOT_FTE	Personnel, for Encounters, Nurse Family Practitioner TOTAL, Full-Time-Equivalent
CS	slc026205	2.62.5	Nur_Fam_Pract_Encr_FTE	Personnel, for Encounters, Nurse Family Practitioner TOTAL Encounters
CT	slc026301	2.63.1	Midwiv_Salary_FTE	Personnel, for Encounters, Midwives, certified Nurse on Salary, Full-Time-Equivalent
CU	slc026302	2.63.2	Midwiv_Contract_FTE	Personnel, for Encounters, Midwives, certified Nurse on Contract, Full-Time-Equivalent
CV	slc026303	2.63.3	Midwiv_Volunteer_FTE	Personnel, for Encounters, Midwives, certified Nurse as Volunteer, Full-Time-Equivalent
CW	slc026304	2.63.4	Midwiv_TOT_FTE	Personnel, for Encounters, Midwives, certified Nurse TOTAL, Full-Time-Equivalent

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Spread sheet	Header Rows			SECTIONS 1, 2 & 3
Column	SLC_2-digit	S.L.C	English Abbreviations	Field Description
Data from Sections 1, 2, & 3 - Annual Utilization Report of Primary Care Clinics - 2003				
CX	slc026305	2.63.5	Midwiv_Enctr_FTE	Personnel, for Encounters, Midwives, certified Nurse TOTAL Encounters
CY	slc026401	2.64.1	Nur_Visit_Salary_FTE	Personnel, for Encounters, Visiting Nurse on Salary, Full-Time-Equivalent
CZ	slc026402	2.64.2	Nur_Visit_Contract_FTE	Personnel, for Encounters, Visiting Nurse on Contract, Full-Time-Equivalent
DA	slc026403	2.64.3	Nur_Visit_Volunteer_FTE	Personnel, for Encounters, Visiting Nurse as Volunteer, Full-Time-Equivalent
DB	slc026404	2.64.4	Nur_Visit_TOT_FTE	Personnel, for Encounters, Visiting Nurse TOTAL, Full-Time-Equivalent
DC	slc026405	2.64.5	Nur_Visit_Enctr_FTE	Personnel, for Encounters, Visiting Nurse TOTAL Encounters
DD	slc026501	2.65.1	Dentist_Salary_FTE	Personnel, for Encounters, Dentist on Salary, Full-Time-Equivalent
DE	slc026502	2.65.2	Dentist_Contract_FTE	Personnel, for Encounters, Dentist on Contract, Full-Time-Equivalent
DF	slc026503	2.65.3	Dentist_Volunteer_FTE	Personnel, for Encounters, Dentist as Volunteer, Full-Time-Equivalent
DG	slc026504	2.65.4	Dentist_TOT_FTE	Personnel, for Encounters, Dentist TOTAL, Full-Time-Equivalent
DH	slc026505	2.65.5	Dentist_Encr_FTE	Personnel, for Encounters, Dentist TOTAL Encounters
DI	slc026601	2.66.1	Dent_Hyg_Salary_FTE	Personnel, for Encounters, Dental Hygienist, registered on Salary, Full-Time-Equivalent
DJ	slc026602	2.66.2	Dent_Hyg_Contract_FTE	Personnel, for Encounters, Dental Hygienist, registered on Contract, Full-Time-Equivalent
DK	slc026603	2.66.3	Dent_Hyg_Volunteer_FTE	Personnel, for Encounters, Dental Hygienist, registered as Volunteer, Full-Time-Equivalent
DL	slc026604	2.66.4	Dent_Hyg_TOT_FTE	Personnel, for Encounters, Dental Hygienist, registered TOTAL, Full-Time-Equivalent
DM	slc026605	2.66.5	Dent_Hyg_Encr_FTE	Personnel, for Encounters, Dental Hygienist, registered TOTAL Encounters
DN	slc026701	2.67.1	PsyD_Salary_FTE	Personnel, for Encounters, Psychiatrist on Salary, Full-Time-Equivalent
DO	slc026702	2.67.2	PsyD_Contract_FTE	Personnel, for Encounters, Psychiatrist on Contract, Full-Time-Equivalent
DP	slc026703	2.67.3	PsyD_Volunteer_FTE	Personnel, for Encounters, Psychiatrist as Volunteer, Full-Time-Equivalent
DQ	slc026704	2.67.4	PsyD_TOT_FTE	Personnel, for Encounters, Psychiatrist TOTAL, Full-Time-Equivalent
DR	slc026705	2.67.5	PsyD_Encr_FTE	Personnel, for Encounters, Psychiatrist TOTAL Encounters
DS	slc026801	2.68.1	Psych_Clin_Salary_FTE	Personnel, for Encounters, Clinical Psychologist on Salary, Full-Time-Equivalent
DT	slc026802	2.68.2	Psych_Clin_Contract_FTE	Personnel, for Encounters, Clinical Psychologist on Contract, Full-Time-Equivalent
DU	slc026803	2.68.3	Psych_Clin_Volunteer_FTE	Personnel, for Encounters, Clinical Psychologist as Volunteer, Full-Time-Equivalent
DV	slc026804	2.68.4	Psych_Clin_TOT_FTE	Personnel, for Encounters, Clinical Psychologist TOTAL, Full-Time-Equivalent
DW	slc026805	2.68.5	Psych_Clin_Encr_FTE	Personnel, for Encounters, Clinical Psychologist TOTAL Encounters
DX	slc026901	2.69.1	LCSW_Salary_FTE	Personnel, for Encounters, Licensed Clinical Social Worker on Salary, Full-Time-Equivalent
DY	slc026902	2.69.2	LCSW_Contract_FTE	Personnel, for Encounters, Licensed Clinical Social Worker on Contract, Full-Time-Equivalent
DZ	slc026903	2.69.3	LCSW_Volunteer_FTE	Personnel, for Encounters, Licensed Clinical Social Worker as Volunteer, Full-Time-Equivalent
EA	slc026904	2.69.4	LCSW_TOT_FTE	Personnel, for Encounters, Licensed Clinical Social Worker TOTAL, Full-Time-Equivalent
EB	slc026905	2.69.5	LCSW_Encr_FTE	Personnel, for Encounters, Licensed Clinical Social Worker TOTAL Encounters
EC	slc027001	2.70.1	Couns_MaFaCh_Salary_FTE	Personnel, for Encounters, Marriage, Family and Child Counselor on Salary, Full-Time-Equivalent
ED	slc027002	2.70.2	Couns_MaFaCh_Contract_FTE	Personnel, for Encounters, Marriage, Family and Child Counselor on Contract, Full-Time-Equivalent
EE	slc027003	2.70.3	Couns_MaFaCh_Volunteer_FTE	Personnel, for Encounters, Marriage, Family and Child Counselor as Volunteer, Full-Time-Equivalent
EF	slc027004	2.70.4	Couns_MaFaCh_TOT_FTE	Personnel, for Encounters, Marriage, Family and Child Counselor TOTAL, Full-Time-Equivalent
EG	slc027005	2.70.5	Couns_MaFaCh_Encr_FTE	Personnel, for Encounters, Marriage, Family and Child Counselor TOTAL Encounters
EH	slc027101	2.71.1	Othr_MediCal_Provdr_Salary_FTE	Personnel, for Encounters, Other Primary Care Provider Medi-Cal billable on Salary, Full-Time-Equivalent
EI	slc027102	2.71.2	Othr_MediCal_Provdr_Contract_FTE	Personnel, for Encounters, Other Primary Care Provider Medi-Cal billable on Contract, Full-Time-Equivalent
EJ	slc027103	2.71.3	Othr_MediCal_Provdr_Volunteer_FTE	Personnel, for Encounters, Other Primary Care Provider Medi-Cal billable as Volunteer, Full-Time-Equivalent
EK	slc027104	2.71.4	Othr_MediCal_Provdr_TOT_FTE	Personnel, for Encounters, Other Primary Care Provider Medi-Cal billable TOTAL, Full-Time-Equivalent
EL	slc027105	2.71.5	Othr_MediCal_Provdr_Encr_FTE	Personnel, for Encounters, Other Primary Care Provider Medi-Cal billable TOTAL Encounters
EM	slc027401	2.74.1	Othr_CPSP_Provdr_Salary_FTE	Personnel, for Encounters, Other Certified CPSP (see data file doc.) on Salary, Full-Time-Equivalent
EN	slc027402	2.74.2	Othr_CPSP_Provdr_Contract_FTE	Personnel, for Encounters, Other Certified CPSP (see data file doc.) on Contract, Full-Time-Equivalent
EO	slc027403	2.74.3	Othr_CPSP_Provdr_Volunteer_FTE	Personnel, for Encounters, Other Certified CPSP (see data file doc.) as Volunteer, Full-Time-Equivalent
EP	slc027404	2.74.4	Othr_CPSP_Provdr_TOT_FTE	Personnel, for Encounters, Other Certified CPSP (see data file doc.) TOTAL, Full-Time-Equivalent
EQ	slc027405	2.74.5	Othr_CPSP_Provdr_Encr_FTE	Personnel, for Encounters, Other Certified CPSP (see data file doc.) TOTAL Encounters
ER	slc027501	2.75.1	FTE_Salary_TOT	Personnel, for Encounters, TOTAL on Salary, Full-Time-Equivalent
ES	slc027502	2.75.2	FTE_Contract_TOT	Personnel, for Encounters, TOTAL on Contract, Full-Time-Equivalent
ET	slc027503	2.75.3	FTE_Volunteer_TOT	Personnel, for Encounters, TOTAL as Volunteer, Full-Time-Equivalent
EU	slc027504	2.75.4	FTE_GRAND_TOT	Personnel, for Encounters, GRAND TOTAL, Full-Time-Equivalent
EV	slc027505	2.75.5	Encr_GRAND_TOT	Personnel, for Encounters, GRAND TOTAL Encounters
EW	slc028001	2.80.1	Dent_Asst_Salary_FTE	Personnel, for Contacts, Dental Assisat on Salary, Full-Time-Equivalent

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Spread sheet	Header Rows			SECTIONS 1, 2 & 3
Column	SLC_2-digit	S.L.C	English Abbreviations	Field Description
Data from Sections 1, 2, & 3 - Annual Utilization Report of Primary Care Clinics - 2003				
EX	slc028002	2.80.2	Dent_Asst_Contract_FTE	Personnel, for Contacts, Dental Assisant on Contract, Full-Time-Equivalent
EY	slc028003	2.80.3	Dent_Asst_Volunteer_FTE	Personnel, for Contacts, Dental Assisant as Volunteer, Full-Time-Equivalent
EZ	slc028004	2.80.4	Dent_Asst_TOT_FTE	Personnel, for Contacts, Dental Assisant TOTAL, Full-Time-Equivalent
FA	slc028005	2.80.5	Dent_Asst_Contacts_FTE	Personnel, for Contacts, Dental Assisant TOTAL Contacts
FB	slc028101	2.81.1	Nur_Regist_Salary_FTE	Personnel, for Contacts, Registered Nurse on Salary, Full-Time-Equivalent
FC	slc028102	2.81.2	Nur_Regist_Contract_FTE	Personnel, for Contacts, Registered Nurse on Contract, Full-Time-Equivalent
FD	slc028103	2.81.3	Nur_Regist_Volunteer_FTE	Personnel, for Contacts, Registered Nurse as Volunteer, Full-Time-Equivalent
FE	slc028104	2.81.4	Nur_Regist_TOT_FTE	Personnel, for Contacts, Registered Nurse TOTAL, Full-Time-Equivalent
FF	slc028105	2.81.5	Nur_Regist_Contacts_FTE	Personnel, for Contacts, Registered Nurse TOTAL Contacts
FG	slc028201	2.82.1	LVN_Salary_FTE	Personnel, for Contacts, Licensed Vocational Nurse on Salary, Full-Time-Equivalent
FH	slc028202	2.82.2	LVN_Contract_FTE	Personnel, for Contacts, Licensed Vocational Nurse on Contract, Full-Time-Equivalent
FI	slc028203	2.82.3	LVN_Volunteer_FTE	Personnel, for Contacts, Licensed Vocational Nurse as Volunteer, Full-Time-Equivalent
FJ	slc028204	2.82.4	LVN_TOT_FTE	Personnel, for Contacts, Licensed Vocational Nurse TOTAL, Full-Time-Equivalent
FK	slc028205	2.82.5	LVN_Contacts_FTE	Personnel, for Contacts, Licensed Vocational Nurse TOTAL Contacts
FL	slc028301	2.83.1	Pt_Educ_NonLic_Salary_FTE	Personnel, for Contacts, Patient Education Staff, nonlicensed on Salary, Full-Time-Equivalent
FM	slc028302	2.83.2	Pt_Educ_NonLic_Contract_FTE	Personnel, for Contacts, Patient Education Staff, nonlicensed on Contract, Full-Time-Equivalent
FN	slc028303	2.83.3	Pt_Educ_NonLic_Volunteer_FTE	Personnel, for Contacts, Patient Education Staff, nonlicensed as Volunteer, Full-Time-Equivalent
FO	slc028304	2.83.4	Pt_Educ_NonLic_TOT_FTE	Personnel, for Contacts, Patient Education Staff, nonlicensed TOTAL, Full-Time-Equivalent
FP	slc028305	2.83.5	Pt_Educ_NonLic_Contacts_FTE	Personnel, for Contacts, Patient Education Staff, nonlicensed TOTAL Contacts
FQ	slc028901	2.89.1	Othr_Provdr_Not_Encr_Salary_FTE	Personnel, for Contacts, Other Providers on Salary, Full-Time-Equivalent
FR	slc028902	2.89.2	Othr_Provdr_Not_Encr_Contract_FTE	Personnel, for Contacts, Other Providers on Contract, Full-Time-Equivalent
FS	slc028903	2.89.3	Othr_Provdr_Not_Encr_Volunteer_FTE	Personnel, for Contacts, Other Providers as Volunteer, Full-Time-Equivalent
FT	slc028904	2.89.4	Othr_Provdr_Not_Encr_TOT_FTE	Personnel, for Contacts, Other Providers TOTAL, Full-Time-Equivalent
FU	slc028905	2.89.5	Othr_Provdr_Not_Encr_Contacts_FTE	Personnel, for Contacts, Other Providers TOTAL Contacts
FV	slc029001	2.90.1	FTE_Contacts_Salary_TOT	Personnel, for Contacts, TOTAL on Salary, Full-Time-Equivalent
FW	slc029002	2.90.2	FTE_Contacts_Contract_TOT	Personnel, for Contacts, TOTAL on Contract, Full-Time-Equivalent
FX	slc029003	2.90.3	FTE_Contacts_Volunteer_TOT	Personnel, for Contacts, TOTAL as Volunteer, Full-Time-Equivalent
FY	slc029004	2.90.4	FTE_Contacts_TOT	Personnel, for Contacts, GRAND TOTAL, Full-Time-Equivalent
FZ	slc029005	2.90.5	FTE_Contacts_GRAND_TOT	Personnel, for Contacts, GRAND TOTAL Contacts
GA	slc030101	3.1.1	White_Pt_Race	Patient, White, race (Hispanic included)
GB	slc030201	3.2.1	Black_Pt_Race	Patient, Black, race
GC	slc030301	3.3.1	NativeAmerican_Pt_Race	Patient, Native American, Alaskan Native, race
GD	slc030401	3.4.1	AsianPac_Pt_Race	Patient, Asian, Pacific Islander, race
GE	slc030901	3.9.1	Other_Unkn_Pt_Race	Patient, Other, Unknown, race
GF	slc031001	3.10.1	Race_Pt_TOTL	Patient, All races TOTAL
GG	slc031101	3.11.1	Hispanic_Pt_Ethnicity	Patient, Hispanic, ethnicity
GH	slc031201	3.12.1	NonHispanic_Pt_Ethnicity	Patient, NonHispanic, ethnicity
GI	slc031301	3.13.1	Unkn_Pt_Ethnicity	Patient, Unknown, ethnicity
GJ	slc031501	3.15.1	Ethnicity_Pt_TOTL	Patient, All ethnicity TOTAL
GK	slc032001	3.20.1	Pov_Less_Than_100_Percent_Pt	Patient, poverty level less than 100 percent
GL	slc032101	3.21.1	Pov_100to200_Percent_Pt	Patient, poverty level 100 to 200 percent
GM	slc032201	3.22.1	Pov_More_Than_200_Percent_Pt	Patient, poverty level more than 200 percent
GN	slc032301	3.23.1	Pov_Unkn_Pt	Patient, poverty level unknown
GO	slc032401	3.24.1	Pov_TOTL_Pt	Patient, All poverty levels TOTAL
GP	slc033001	3.30.1	Agri_MigrWrkr_TOTL_Pt	Patient, Seasonal Agricultural and Migratory workers TOTAL
GQ	slc033101	3.31.1	Agri_MigrWrkr_TOTL_Encr	Patient Encounters, Seasonal Agricultural and Migratory workers TOTAL
GR	slc034001	3.40.1	M_Less_Than_1_YR	Patient, Male, Under 1 Year
GS	slc034002	3.40.2	F_Less_Than_1_YR	Patient, Female, Under 1 Year
GT	slc034101	3.41.1	M_1to4_YR	Patient, Male, 1 to 4 years
GU	slc034102	3.41.2	F_1to4_YR	Patient, Female, 1 to 4 years
GV	slc034201	3.42.1	M_5to12_YR	Patient, Male, 5 to 12 years
GW	slc034202	3.42.2	F_5to12_YR	Patient, Female, 5 to 12 years

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Spread sheet	Header Rows			SECTIONS 1, 2 & 3
Column	SLC_2-digit	S.L.C	English Abbreviations	Field Description
Data from Sections 1, 2, & 3 - Annual Utilization Report of Primary Care Clinics - 2003				
GX	slc034301	3.43.1	M_13to14_YR	Patient, Male, 12 to 14 years
GY	slc034302	3.43.2	F_13to14_YR	Patient, Female, 12 to 14 years
GZ	slc034401	3.44.1	M_15to19_YR	Patient, Male, 15 to 19 years
HA	slc034402	3.44.2	F_15to19_YR	Patient, Female, 15 to 19 years
HB	slc034501	3.45.1	M_20to34_YR	Patient, Male, 20 to 34 years
HC	slc034502	3.45.2	F_20to34_YR	Patient, Female, 20 to 34 years
HD	slc034601	3.46.1	M_35to44_YR	Patient, Male, 35 to 44 years
HE	slc034602	3.46.2	F_35to44_YR	Patient, Female, 35 to 44 years
HF	slc034701	3.47.1	M_45to64_YR	Patient, Male, 45 to 64 years
HH	slc034702	3.47.2	F_45to64_YR	Patient, Female, 45 to 64 years
HH	slc034801	3.48.1	M_More_Than_65_YR	Patient, Male, More than 65 years
HI	slc034802	3.48.2	F_More_Than_65_YR	Patient, Female, More than 65 years
HJ	slc035501	3.55.1	M_TOTL	Patient, Male, All Ages TOTAL
HK	slc035502	3.55.2	F_TOTL	Patient, Female, All Ages TOTAL
HL	slc036001	3.60.1	Medicare_Pt_Cov	Patient, Medicare, payer
HM	slc036101	3.61.1	Medicare_Mgn_Pt_Cov	Patient, Medicare Managed Care, payer
HN	slc036201	3.62.1	MediCal_Pt_Cov	Patient, Medi-Cal, payer
HO	slc036301	3.63.1	MediCal_Mgn_Pt_Cov	Patient, Medi-Cal Managed Care, payer
HP	slc036401	3.64.1	County_CMSP_MISP_Pt_Cov	Patient, County Indigent, CMSP, MISP (see data file doc.)
HQ	slc036501	3.65.1	Healthy_Families_Pt_Cov	Patient, Healthy Families program, payer
HR	slc036601	3.66.1	Private_Insurance_Pt_Cov	Patient, Private insurance, payer
HS	slc036701	3.67.1	Alameda_Alliance_Pt_Cov	Patient, Alameda Alliance for Health, payer
HT	slc036801	3.68.1	La_County_Partnership_Pt_Cov	Patient, Los Angeles County Public Private Partnership, payer
HU	slc036901	3.69.1	San_Diego_Med_Plan_Pt_Cov	Patient, San Diego County Medical Plan, payer
HV	slc037001	3.70.1	SelfPay_SlideFee_Pt_Cov	Patient, Self-pay, Sliding Fee, payer
HW	slc037101	3.71.1	Free_Pt_Cov	Patient, Free, payer
HX	slc037401	3.74.1	All_Other_Payers_Pt_Cov	Patient, All Other, payer
HY	slc037501	3.75.1	GRAND_TOTAL_Pt_Cov	Patient, GRAND TOTAL, all payer
HZ	slc038001	3.80.1	Breast_Ca_Pt_Episodic	Episodic Programs: Breast and Cervical Cancer Control Program (BCCCP), payer
IA	slc038101	3.81.1	CHDP_Pt_Episodic	Episodic Programs: Child Health and Disability Prevention (CHDP) program, payer
IB	slc038201	3.82.1	EAPC_Pt_Episodic	Episodic Programs: Expanded Access to Primary Care (EAPC) program, payer
IC	slc038301	3.83.1	Family_PACT_Pt_Episodic	Episodic Programs: Planning, Access, Care, Treatment (Family PACT) program, payer
ID	slc038401	3.84.1	Other_County_Pt_Episodic	Episodic Programs: Other County programs, payer
IE	slc038501	3.85.1	Children_Treatm_Prog_Pt_Episodic	Episodic Programs: Childrens Treatment Program, payer
IF	slc038901	3.89.1	Othr_Payer_Grant_Cov_Pt_Episodic	Episodic Programs: Other Payer covered by grant, payer
IG	slc039001	3.90.1	TOTL_Episodic_Pt	Patient, Episodic Programs (duplicated) TOTAL
IH	slc039501	3.95.1	TOTL_CHDP_Assess_Pt	Patient, CHDP Number of Assessments

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Spread sheet	Header Rows			SECTIONS 4, 5, 7, & 8
Column	SLC_2-digit	S.L.C	English Abbreviations	Field Description
Data from Sections 4, 5, 7, & 8 - Annual Utilization Report of Primary Care Clinics - 2003				
A	slc010201	1.2.1	OSHDP_ID	OSHDP Identification Number
B	slc010101	1.1.1	FAC_NAME	Facility Name
C	slc040101	4.1.1	Dx_001to139_infectious_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Infectious and Parasitic Diseases
D	slc040201	4.2.1	Dx_140to239_neoplasms_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Neoplasms
E	slc040301	4.3.1	Dx_240to279_endocrine_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Endocrine, Nutritional, and Metabolic Diseases, and Immunity Disorders
F	slc040401	4.4.1	Dx_280to289_blood_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Blood and Blood Forming Disorders
G	slc040501	4.5.1	Dx_290to319_mental_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Mental Disorders
H	slc040601	4.6.1	Dx_320to389_nervous_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Nervous System and Sense Organs Diseases
I	slc040701	4.7.1	Dx_390to459_circulatory_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Circulatory System Diseases
J	slc040801	4.8.1	Dx_460to519_respiratory_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Respiratory System Diseases
K	slc040901	4.9.1	Dx_520to579_digestive_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Digestive System Diseases
L	slc041001	4.10.1	Dx_580to629_genit_urinary_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Genitourinary System Diseases
M	slc041101	4.11.1	Dx_630to677_pregchild_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Pregnancy, Childbirth & the Puerperium
N	slc041201	4.12.1	Dx_680to709_skin_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Skin and Subcutaneous Tissue Diseases
O	slc041301	4.13.1	Dx_710to739_muscles_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Musculoskeletal System and Connective Tissue Diseases
P	slc041401	4.14.1	Dx_740to759_congenital_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Congenital Anomalies
Q	slc041501	4.15.1	Dx_760to779_perinatal_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Certain Conditions Originating in the Perinatal Period
R	slc041601	4.16.1	Dx_780to799_ill_defined_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Symptoms, Signs, and Ill-defined Conditions
S	slc041701	4.17.1	Dx_800to999_injurypoison_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Injury and Poisoning
T	slc041801	4.18.1	Dx_V01toV82_hlthstatus_Enctr	Encounters by Principal Diagnosis (ICD-9-CM Codes): Factors Influencing Health Status and Contact with Health Services
U	slc041901	4.19.1	Dx_Dental_Enctr	Encounters by Principal Diagnosis: Dental Diagnoses
V	slc042001	4.20.1	Family_Planning_S-Codes	Encounters by Principal Diagnosis: Family Planning S-Codes
W	slc042101	4.21.1	Other_Encounters	Encounters by Principal Diagnosis: Other
X	slc042501	4.25.1	TOT_Dx_Enctr	Encounters by Principal Diagnosis Encounters All TOTAL
Y	slc050101	5.1.1	CPT_99201to205_Eval_Mgt_Enctr	Encounters, Evaluation and management, new patient CPT Codes 99201 - 99205
Z	slc050201	5.2.1	CPT_99211to215_Eval_Mgt_Enctr	Encounters, Evaluation and management, established patient CPT Codes 99211 - 99215
AA	slc050301	5.3.1	CPT_99217to239_Eval_Mgt_Enctr	Encounters, Hospital related services CPT Codes 99217 - 99239
AB	slc050401	5.4.1	CPT_99241to275_Eval_Mgt_Enctr	Encounters, Consultations CPT Codes 99241 - 99275
AC	slc050501	5.5.1	CPT_99281toEtc_Eval_Mgt_Enctr	Encounters, Other evaluation and management services CPT Codes 99281 - 99285; 99354 - 99360; 99420 - 99429; 99450 - 99456; 99499
AD	slc050601	5.6.1	CPT_99301to316_Eval_Mgt_Enctr	Encounters, Nursing Facility Related Services CPT Codes 99301 - 99316
AE	slc050701	5.7.1	CPT_99361to373_Eval_Mgt_Enctr	Encounters, Case Management Services CPT Codes 99361 - 99373
AF	slc050801	5.8.1	CPT_99381toEtc_Eval_Mgt_Enctr	Encounters, Preventive Medicine (infant, child, adolescent) CPT Codes 99381 - 99384; 99391 - 99394; 99431 - 99440
AG	slc050901	5.9.1	CPT_99385toEtc_Eval_Mgt_Enctr	Encounters, Preventive Medicine (adults) CPT Codes 99385 - 99387; 99395 - 99397
AH	slc051001	5.10.1	CPT_99401to412_Eval_Mgt_Enctr	Encounters, Counseling CPT Codes 99401 - 99412
AI	slc051101	5.11.1	CPT_00100to01999_Othr_Svcs_Enctr	Encounters, Anesthesia CPT Codes 00100 - 01999
AJ	slc051201	5.12.1	CPT_10021to19499_Othr_Svcs_Enctr	Encounters, Integumentary System CPT Codes 10021 - 19499
AK	slc051301	5.13.1	CPT_20000to29999_Othr_Svcs_Enctr	Encounters, Musculoskeletal System CPT Codes 20000 - 29999
AL	slc051401	5.14.1	CPT_30000to32999_Othr_Svcs_Enctr	Encounters, Respiratory System CPT Codes 30000 - 32999
AM	slc051501	5.15.1	CPT_33010to37799_Othr_Svcs_Enctr	Encounters, Cardiovascular System CPT Codes 33010 - 37799
AN	slc051601	5.16.1	CPT_38100to38999_Othr_Svcs_Enctr	Encounters, Hemetic and Lymphatic System CPT Codes 38100 - 38999
AO	slc051701	5.17.1	CPT_39000to599_Othr_Svcs_Enctr	Encounters, Mediastinum and Diaphragm System CPT Codes 39000 - 39599
AP	slc051801	5.18.1	CPT_40490to49999_Othr_Svcs_Enctr	Encounters, Digestive System CPT Codes 40490 - 49999

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Column	SLC_2-digit	S.L.C	English Abbreviations	Field Description
Data from Sections 4, 5, 7, & 8 - Annual Utilization Report of Primary Care Clinics - 2003				
AQ	slc051901	5.19.1	CPT_50010to53899_Othr_Svcs_Enctr	Encounters, Urinary System CPT Codes 50010 - 53899
AR	slc052001	5.20.1	CPT_54000to55899_Othr_Svcs_Enctr	Encounters, Male Genital System CPT Codes 54000 - 55899
AS	slc052101	5.21.1	CPT_55970to55980_Othr_Svcs_Enctr	Encounters, Intersex Surgery CPT Codes 55970, 55980
AT	slc052201	5.22.1	CPT_56405to58999_Othr_Svcs_Enctr	Encounters, Female Genital System CPT Codes 56405 - 58999
AU	slc052301	5.23.1	CPT_59000to899_Othr_Svcs_Enctr	Encounters, Maternity Care and Delivery CPT Codes 59000 -59899
AV	slc052401	5.24.1	CPT_60000to699_Othr_Svcs_Enctr	Encounters, Endocrine System CPT Codes 60000 - 60699
AW	slc052501	5.25.1	CPT_61000to64999_Othr_Svcs_Enctr	Encounters, Nervous System CPT Codes 61000 - 64999
AX	slc052601	5.26.1	CPT_65091to68899_Othr_Svcs_Enctr	Encounters, Eye and Ocular Adnexa System CPT Codes 65091 - 68899
AY	slc052701	5.27.1	CPT_69000to990_Othr_Svcs_Enctr	Encounters, Auditory System CPT Codes 69000 - 69990
AZ	slc052801	5.28.1	CPT_70010to79999_Othr_Svcs_Enctr	Encounters, Radiology CPT Codes 70010 - 79999
BA	slc052901	5.29.1	CPT_80048to89399_Othr_Svcs_Enctr	Encounters, Pathology / Laboratory CPT Codes 80048 - 89399
BB	slc053001	5.30.1	CPT_90281to99199_Othr_Svcs_Enctr	Encounters, Medicine - Special Services CPT Codes 90281 - 99199
BC	slc053101	5.31.1	CPT_Z_Codes_Othr_Svcs_Enctr	Encounters, Family Planning "Z" codes CPT Codes "Z" codes
BD	slc053201	5.32.1	CPT_Dental_All_CDT_Codes_Othr_Svcs_Enctr	Encounters, Dental CPT Codes all CDT codes
BE	slc053301	5.33.1	CPT_Category_III_Codes_0001Tto0044T_E	Encounters, Category III Codes CPT Codes 0001T - 0044T
BF	slc054401	5.44.1	CPT_Any_Othr_Svcs_Enctr	Encounters, Any Other
BG	slc054501	5.45.1	CPT_TOTL_Enctr	Encounters by Principal Service TOTAL
BH	slc055001	5.50.1	CPT_76085, 76090to092_Eval_Mgt_Proced	Procedures, Selected, Mammogram CPT Codes 76085, 76090 - 76092
BI	slc055101	5.51.1	CPT_86701toEtc_Eval_Mgt_Proced	Procedures, Selected, HIV Testing CPT Codes 86701 - 86703; 86689; 87390 - 87391
BJ	slc055201	5.52.1	CPT_88141toEtc_Eval_Mgt_Proced	Procedures, Selected, Pap Smear CPT Codes 88141 - 88155; 88164 - 88167; 88174 - 88175
BK	slc055301	5.53.1	CPT_11975toEtc_Eval_Mgt_Proced	Procedures, Selected, Contraceptive Management CPT Codes 11975 - 11977; 55250; 55450; 57170; 58300 - 58301; 58600 - 58611
BL	slc056001	5.60.1	CPT_90701_Etc_Eval_Mgt_Proced	Procedures, Selected, DPT, Tetanus and Diphtheria CPT Codes 90701, 90718, 90700
BM	slc056101	5.61.1	CPT_90645to48_Eval_Mgt_Proced	Procedures, Selected, Hemophilus Influenza B (Hib) CPT Codes 90645 - 90648
BN	slc056201	5.62.1	CPT_90633to36_Eval_Mgt_Proced	Procedures, Selected, Hepatitis A CPT Codes 90633-90636
BO	slc056301	5.63.1	CPT_90740to47_Eval_Mgt_Proced	Procedures, Selected, Hepatitis B or HepB-HIB CPT Codes 90740 - 90747
BP	slc056401	5.64.1	CPT_90748_Eval_Mgt_Proced	Procedures, Selected, HepB and Hib CPT Codes 90748
BQ	slc056501	5.65.1	CPT_90657to60_Eval_Mgt_Proced	Procedures, Selected, Influenza Virus Vaccine CPT Codes 90657 - 90660
BR	slc056601	5.66.1	CPT_90707_Eval_Mgt_Proced	Procedures, Selected, Measles, Mumps and Rubella (MMR) CPT Codes 90707
BS	slc056701	5.67.1	CPT_90669_Eval_Mgt_Proced	Procedures, Selected, Pneumococcal CPT Codes 90669
BT	slc056801	5.68.1	CPT_90712to13_Eval_Mgt_Proced	Procedures, Selected, Poliovirus CPT Codes 90712 - 90713
BU	slc056901	5.69.1	CPT_90716_Eval_Mgt_Proced	Procedures, Selected, Varicella CPT Codes 90716
BV	slc070101	7.1.1	TOTL_Gro_Rev	Gross Revenue TOTAL
BW	slc070201	7.2.1	TOTL_Gro_Rev_TOTL_WriteOffs_Adj	Write Offs and Adjustments TOTAL
BX	slc070301	7.3.1	TOTL_Net_Pt_Rev_collected	Net Patient Revenue Collected TOTAL
BY	slc070401	7.4.1	Fed_Othr_Oper_Rev	Other Operating Revenue: Federal Funds
BZ	slc070501	7.5.1	State_Othr_Oper_Rev	Other Operating Revenue: State Funds
CA	slc070601	7.6.1	County_Othr_Oper_Rev	Other Operating Revenue: County Funds
CB	slc070701	7.7.1	Local_Othr_Oper_Rev	Other Operating Revenue: Local (City or District) Funds
CC	slc070801	7.8.1	Pvt_Othr_Oper_Rev	Other Operating Revenue: Private
CD	slc070901	7.9.1	Donat_Contr_Othr_Oper_Rev	Other Operating Revenue: Donations, Contributions
CE	slc071901	7.19.1	Othr_Income_Othr_Oper_Rev	Other Operating Revenue: Other
CF	slc072001	7.20.1	TOTL_Othr_Rev	Other Operating Revenue TOTAL
CG	slc072501	7.25.1	TOTL_Op_Rev	Total Operating Revenue GRAND TOTAL
CH	slc073001	7.30.1	Exp_Sal	Operating Expenses: Salaries, Wages and Employee Benefits
CI	slc073101	7.31.1	Exp_Contr_Prof	Operating Expenses: Contract Services - Professional

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Spread sheet	Header Rows			SECTIONS 4, 5, 7, & 8
Column	SLC_2-digit	S.L.C	English Abbreviations	Field Description
Data from Sections 4, 5, 7, & 8 - Annual Utilization Report of Primary Care Clinics - 2003				
CJ	slc073201	7.32.1	Exp_Sup_Med_Dent	Operating Expenses: Supplies - Medical and Dental
CK	slc073301	7.33.1	Exp_Sup_Ofc	Operating Expenses: Supplies - Office
CL	slc073401	7.34.1	Exp_Out_Pt_Care	Operating Expenses: Outside Patient Care Services
CM	slc073501	7.35.1	Exp_Rent_Deprc	Operating Expenses: Rent, Depreciation, Mortgage Interest
CN	slc073601	7.36.1	Exp_Util	Operating Expenses: Utilities
CO	slc073701	7.37.1	Exp_LiabIns_Prof	Operating Expenses: Professional Liability Insurance
CP	slc073801	7.38.1	Exp_Othr_Ins	Operating Expenses: Other Insurance
CQ	slc073901	7.39.1	Exp_Cont_Ed	Operating Expenses: Continuing Education
CR	slc074401	7.44.1	Exp_Othr_Exp	Operating Expenses: All Other Expenses
CS	slc074501	7.45.1	TOTL_Exp	Operating Expenses TOTAL
CT	slc075001	7.50.1	Net_Frm_Op	Net from Operations
CU	slc080101	8.1.1	EQUIP_ACQ_OVER_500K	Equipment, diagn. or ther. value \$500,000 and above, Yes or No
CV	slc080201	8.2.1	EQUIP_01_DESCRIP	Equipment piece no. 01 for diagn. or ther. use, description
CW	slc080202	8.2.2	EQUIP_01_VALUE	Equipment piece no. 01 for diagn. or ther. use, value
CX	slc080203	8.2.3	EQUIP_01_ACQUI_DT	Equipment piece no. 01 for diagn. or ther. use, acquisition date
CY	slc080204	8.2.4	EQUIP_01_ACQUI_MEANS	Equipment piece no. 01 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
CZ	slc080301	8.3.1	EQUIP_02_DESCRIP	Equipment piece no. 02 for diagn. or ther. use, description
DA	slc080302	8.3.2	EQUIP_02_VALUE	Equipment piece no. 02 for diagn. or ther. use, value
DB	slc080303	8.3.3	EQUIP_02_ACQUI_DT	Equipment piece no. 02 for diagn. or ther. use, acquisition date
DC	slc080304	8.3.4	EQUIP_02_ACQUI_MEANS	Equipment piece no. 02 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
DD	slc080401	8.4.1	EQUIP_03_DESCRIP	Equipment piece no. 03 for diagn. or ther. use, description
DE	slc080402	8.4.2	EQUIP_03_VALUE	Equipment piece no. 03 for diagn. or ther. use, value
DF	slc080403	8.4.3	EQUIP_03_ACQUI_DT	Equipment piece no. 03 for diagn. or ther. use, acquisition date
DG	slc080404	8.4.4	EQUIP_03_ACQUI_MEANS	Equipment piece no. 03 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
DH	slc080501	8.5.1	EQUIP_04_DESCRIP	Equipment piece no. 04 for diagn. or ther. use, description
DI	slc080502	8.5.2	EQUIP_04_VALUE	Equipment piece no. 04 for diagn. or ther. use, value
DJ	slc080503	8.5.3	EQUIP_04_ACQUI_DT	Equipment piece no. 04 for diagn. or ther. use, acquisition date
DK	slc080504	8.5.4	EQUIP_04_ACQUI_MEANS	Equipment piece no. 04 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
DL	slc080601	8.6.1	EQUIP_05_DESCRIP	Equipment piece no. 05 for diagn. or ther. use, description
DM	slc080602	8.6.2	EQUIP_05_VALUE	Equipment piece no. 05 for diagn. or ther. use, value
DN	slc080603	8.6.3	EQUIP_05_ACQUI_DT	Equipment piece no. 05 for diagn. or ther. use, acquisition date
DO	slc080604	8.6.4	EQUIP_05_ACQUI_MEANS	Equipment piece no. 05 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
DP	slc080701	8.7.1	EQUIP_06_DESCRIP	Equipment piece no. 06 for diagn. or ther. use, description
DQ	slc080702	8.7.2	EQUIP_06_VALUE	Equipment piece no. 06 for diagn. or ther. use, value
DR	slc080703	8.7.3	EQUIP_06_ACQUI_DT	Equipment piece no. 06 for diagn. or ther. use, acquisition date
DS	slc080704	8.7.4	EQUIP_06_ACQUI_MEANS	Equipment piece no. 06 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
DT	slc080801	8.8.1	EQUIP_07_DESCRIP	Equipment piece no. 07 for diagn. or ther. use, description
DU	slc080802	8.8.2	EQUIP_07_VALUE	Equipment piece no. 07 for diagn. or ther. use, value
DV	slc080803	8.8.3	EQUIP_07_ACQUI_DT	Equipment piece no. 07 for diagn. or ther. use, acquisition date

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Spread sheet	Header Rows			SECTIONS 4, 5, 7, & 8
Column	SLC_2-digit	S.L.C	English Abbreviations	Field Description
Data from Sections 4, 5, 7, & 8 - Annual Utilization Report of Primary Care Clinics - 2003				
DW	slc080804	8.8.4	EQUIP_07_ACQUI_MEANS	Equipment piece no. 07 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
DX	slc080901	8.9.1	EQUIP_08_DESCRIP	Equipment piece no. 08 for diagn. or ther. use, description
DY	slc080902	8.9.2	EQUIP_08_VALUE	Equipment piece no. 08 for diagn. or ther. use, value
DZ	slc080903	8.9.3	EQUIP_08_ACQUI_DT	Equipment piece no. 08 for diagn. or ther. use, acquisition date
EA	slc080904	8.9.4	EQUIP_08_ACQUI_MEANS	Equipment piece no. 08 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
EB	slc081001	8.10.1	EQUIP_09_DESCRIP	Equipment piece no. 09 for diagn. or ther. use, description
EC	slc081002	8.10.2	EQUIP_09_VALUE	Equipment piece no. 09 for diagn. or ther. use, value
ED	slc081003	8.10.3	EQUIP_09_ACQUI_DT	Equipment piece no. 09 for diagn. or ther. use, acquisition date
EE	slc081004	8.10.4	EQUIP_09_ACQUI_MEANS	Equipment piece no. 09 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
EF	slc081101	8.11.1	EQUIP_10_DESCRIP	Equipment piece no. 10 for diagn. or ther. use, description
EG	slc081102	8.11.2	EQUIP_10_VALUE	Equipment piece no. 10 for diagn. or ther. use, value
EH	slc081103	8.11.3	EQUIP_10_ACQUI_DT	Equipment piece no. 10 for diagn. or ther. use, acquisition date
EI	slc081104	8.11.4	EQUIP_10_ACQUI_MEANS	Equipment piece no. 10 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
EJ	slc082501	8.25.1	CAP_EXP_OVER_1MIL	Capital expenditure (building projects) commenced in report period over \$1 million. Yes or No
EK	slc082601	8.26.1	PROJ_01_DESCRIP_CAP_EXP	Project capital expenditure no. 01, description
EL	slc082602	8.26.2	PROJ_01_PROJTD_CAP_EXP	Project capital expenditure no. 01, projected expense
EM	slc082603	8.26.3	PROJ_01_OSHPD_PROJ_NO	Project capital expenditure no. 01, OSHPD project number, if applic.
EN	slc082701	8.27.1	PROJ_02_DESCRIP_CAP_EXP	Project capital expenditure no. 02, description
EO	slc082702	8.27.2	PROJ_02_PROJTD_CAP_EXP	Project capital expenditure no. 02, projected expense
EP	slc082703	8.27.3	PROJ_02_OSHPD_PROJ_NO	Project capital expenditure no. 02, OSHPD project number, if applic.
EQ	slc082801	8.28.1	PROJ_03_DESCRIP_CAP_EXP	Project capital expenditure no. 03, description
ER	slc082802	8.28.2	PROJ_03_PROJTD_CAP_EXP	Project capital expenditure no. 03, projected expense
ES	slc082803	8.28.3	PROJ_03_OSHPD_PROJ_NO	Project capital expenditure no. 03, OSHPD project number, if applic.
ET	slc082901	8.29.1	PROJ_04_DESCRIP_CAP_EXP	Project capital expenditure no. 04, description
EU	slc082902	8.29.2	PROJ_04_PROJTD_CAP_EXP	Project capital expenditure no. 04, projected expense
EV	slc082903	8.29.3	PROJ_04_OSHPD_PROJ_NO	Project capital expenditure no. 04, OSHPD project number, if applic.
EW	slc083001	8.30.1	PROJ_05_DESCRIP_CAP_EXP	Project capital expenditure no. 05, description
EX	slc083002	8.30.2	PROJ_05_PROJTD_CAP_EXP	Project capital expenditure no. 05, projected expense
EY	slc083003	8.30.3	PROJ_05_OSHPD_PROJ_NO	Project capital expenditure no. 05, OSHPD project number, if applic.
EZ	slc084001	8.40.1	BEG_FUND_BAL_CAP_EXP	Beginning Fund Balance
FA	slc084101	8.41.1	CURR_YR_CONTRIB_CAP_EXP	Current Year Contributions
FB	slc084201	8.42.1	CURR_YR_INT_EARN_CAP_EXP	Current Year Interest Earnings
FC	slc084301	8.43.1	CURR_YR_EXPEN_CAP_EXP	Current Years Expenditures
FD	slc084401	8.44.1	END_FUND_BAL_CAP_EXP	Ending Fund Balance

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Spread sheet		Header Rows	NOTE: Section 6 Uses Alternate Data Item Sequence: Section-Column-Line	SECTION 6
Column	SLC_2-digit	S.L.C	English Abbreviations	Field Description
Data from Section 6 - Annual Utilization Report of Primary Care Clinics - 2003				
A	slc010201	1.2.1	OSHPD_ID	OSHPD Identification Number
B	slc010101	1.1.1	FAC_NAME	Facility Name
C	slc060101	6.1.1	Medicare_Encounters	Encounters by Payer: Medicare
D	slc060201	6.2.1	Medicare_Gro_Rev	Gross revenue, Medicare
E	slc060301	6.3.1	Medicare_Gro_Rev_Slide_Fee	Medicare write-offs, Sliding Fee Scale
F	slc060401	6.4.1	Medicare_Gro_Rev_Free	Medicare write-offs, Free, Complimentary
G	slc060501	6.5.1	Medicare_Gro_Rev_Contract_Adj	Medicare write-offs, Contractual Adjustments
H	slc060601	6.6.1	Medicare_Gro_Rev_Bad_Debts	Medicare write-offs, Bad Debts
I	slc060801	6.8.1	Medicare_Gro_Rev_Other_Adj	Medicare, Other Adjustments
J	slc060901	6.9.1	Medicare_Gro_Rev_Reconciliation	Medicare Reconciliation
K	slc061001	6.10.1	Medicare_Gro_Rev_TOTL_WriteOffs_Adj	Medicare Write Offs TOTAL
L	slc061501	6.15.1	Medicare_Net_Pt_Rev_Collected	Medicare Net Patient Revenue Collected
M	slc060102	6.1.2	Medicare_Mng_Encounters	Encounters by Payer: Medicare Managed Care
N	slc060202	6.2.2	Medicare_Mng_Gro_Rev	Gross revenue, Medicare Managed Care
O	slc060302	6.3.2	Medicare_Mng_Gro_Rev_Slide_Fee	Medicare Managed Care write-offs, Sliding Fee Scale
P	slc060402	6.4.2	Medicare_Mng_Gro_Rev_Free	Medicare Managed Care write-offs, Free, Complimentary
Q	slc060502	6.5.2	Medicare_Mng_Gro_Rev_Contract_Adj	Medicare Managed Care write-offs, Contractual Adjustments
R	slc060602	6.6.2	Medicare_Mng_Gro_Rev_Bad_Debts	Medicare Managed Care write-offs, Bad Debts
S	slc060802	6.8.2	Medicare_Mng_Gro_Rev_Other_Adj	Medicare Managed Care, Other Adjustments
T	slc060902	6.9.2	Medicare_Mng_Gro_Rev_Reconciliation	Medicare Managed Care Reconciliation
U	slc061002	6.10.2	Medicare_Mng_Gro_Rev_TOTL_WriteOffs_Adj	Medicare Managed Care Write Offs TOTAL
V	slc061502	6.15.2	Medicare_Mng_Net_Pt_Rev_Collected	Medicare Managed Care Net Patient Revenue Collected
W	slc060103	6.1.3	MediCal_Encounters	Encounters by Payer: Medi-Cal
X	slc060203	6.2.3	MediCal_Gro_Rev	Gross revenue, Medi-Cal
Y	slc060303	6.3.3	MediCal_Gro_Rev_Slide_Fee	Medi-Cal write-offs, Sliding Fee Scale
Z	slc060403	6.4.3	MediCal_Gro_Rev_Free	Medi-Cal write-offs, Free, Complimentary
AA	slc060503	6.5.3	MediCal_Gro_Rev_Contract_Adj	Medi-Cal write-offs, adjustments Contractual Adjustments
AB	slc060603	6.6.3	MediCal_Gro_Rev_Bad_Debts	Medi-Cal write-offs, Bad Debts
AC	slc060803	6.8.3	MediCal_Gro_Rev_Other_Adj	Medi-Cal, Other Adjustments
AD	slc060903	6.9.3	MediCal_Gro_Rev_Reconciliation	Medi-Cal Reconciliation
AE	slc061003	6.10.3	MediCal_Gro_Rev_TOTL_WriteOffs_Adj	Medi-Cal Write Offs TOTAL
AF	slc061503	6.15.3	MediCal_Net_Pt_Rev_Collected	Medi-Cal Net Patient Revenue Collected
AG	slc060104	6.1.4	MediCal_Mng_Encounters	Encounters by Payer: Medi-Cal Managed Care
AH	slc060204	6.2.4	MediCal_Mng_Gro_Rev	Gross revenue, Medi-Cal Managed Care
AI	slc060304	6.3.4	MediCal_Mng_Gro_Rev_Slide_Fee	Medi-Cal Managed Care write-offs, Sliding Fee Scale
AJ	slc060404	6.4.4	MediCal_Mng_Gro_Rev_Free	Medi-Cal Managed Care write-offs, Free, Complimentary
AK	slc061504	6.15.4	MediCal_Mng_Net_Pt_Rev_Collected	Medi-Cal Managed Care Net Patient Revenue Collected
AL	slc060504	6.5.4	MediCal_Mng_Gro_Rev_Contract_Adj	Medi-Cal Managed Care write-offs, Contractual Adjustments
AM	slc060604	6.6.4	MediCal_Mng_Gro_Rev_Bad_Debts	Medi-Cal Managed Care write-offs, Bad Debts
AN	slc060804	6.8.4	MediCal_Mng_Gro_Rev_Other_Adj	Medi-Cal Managed Care, Other Adjustments
AO	slc060904	6.9.4	MediCal_Mng_Gro_Rev_Reconciliation	Medi-Cal Managed Care Reconciliation
AP	slc061004	6.10.4	MediCal_Mng_Gro_Rev_TOTL_WriteOffs_Adj	Medi-Cal Managed Care Write Offs TOTAL
AQ	slc060105	6.1.5	County_CMSP_MISP Encounters	Encounters by Payer: County Indigent, CMSP, MISP (see data file doc.)
AR	slc060205	6.2.5	County_CMSP_MISP_Gro_Rev	Gross revenue, County Indigent, CMSP, MISP (see data file doc.)
AS	slc060305	6.3.5	County_CMSP_MISP_Gro_Rev_Slide_Fee	County Indigent, CMSP, MISP (see data file doc.) write-offs, Sliding Fee Scale

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Spread sheet		Header Rows	NOTE: Section 6 Uses Alternate Data Item Sequence: Section-Column-Line	SECTION 6
Column	SLC_2-digit	S.L.C	English Abbreviations	Field Description
Data from Section 6 - Annual Utilization Report of Primary Care Clinics - 2003				
AT	slc060405	6.4.5	County_CMSP_MISP_Gro_Rev_Free	County Indigent, CMSP, MISP (see data file doc.) write-offs, Free, Complimentary
AU	slc060505	6.5.5	County_CMSP_MISP_Gro_Rev_Contract_Adj	County Indigent, CMSP, MISP (see data file doc.) write-offs, Contractual Adjustments
AV	slc060605	6.6.5	County_CMSP_MISP_Gro_Rev_Bad_Debts	County Indigent, CMSP, MISP (see data file doc.) write-offs, Bad Debts
AW	slc060705	6.7.5	County_CMSP_MISP_Gro_Rev_Grants_Credit_Bal	County Indigent, CMSP, MISP (see data file doc.) write-offs, Grants (credit balance)
AX	slc060805	6.8.5	County_CMSP_MISP_Gro_Rev_Other_Adj	County Indigent, CMSP, MISP (see data file doc.), Other Adjustments
AY	slc060905	6.9.5	County_CMSP_MISP_Gro_Rev_Reconciliation	County Indigent, CMSP, MISP (see data file doc.) Reconciliation
AZ	slc061005	6.10.5	County_CMSP_MISP_Gro_Rev_TOTL_WriteOffs_Adj	County Indigent, CMSP, MISP (see data file doc.) Write Offs TOTAL
BA	slc061505	6.15.5	County_CMSP_MISP_Net_Pt_Rev_Collected	County Indigent, CMSP, MISP (see data file doc.) Net Patient Revenue Collected
BB	slc060106	6.1.6	Healthy_Families_Encounters	Encounters by Payer: Healthy Families program
BC	slc060206	6.2.6	Healthy_Families_Gro_Rev	Gross revenue, Healthy Families program
BD	slc060306	6.3.6	Healthy_Families_Gro_Rev_Slide_Fee	Healthy Families program write-offs, Sliding Fee Scale
BE	slc060406	6.4.6	Healthy_Families_Gro_Rev_Free	Healthy Families program write-offs, Free, Complimentary
BF	slc060506	6.5.6	Healthy_Families_Gro_Rev_Contract_Adj	Healthy Families program write-offs, Contractual Adjustments
BG	slc060606	6.6.6	Healthy_Families_Gro_Rev_Bad_Debts	Healthy Families program write-offs, Bad Debts
BH	slc060706	6.7.6	Healthy_Families_Gro_Rev_Grants_Credit_Bal	Healthy Families program write-offs, Grants (credit balance)
BI	slc060806	6.8.6	Healthy_Families_Gro_Rev_Other_Adj	Healthy Families program, Other Adjustments
BJ	slc060906	6.9.6	Healthy_Families_Gro_Rev_Reconciliation	Healthy Families program Reconciliation
BK	slc061006	6.10.6	Healthy_Families_Gro_Rev_TOTL_WriteOffs_Adj	Healthy Families program Write Offs TOTAL
BL	slc061506	6.15.6	Healthy_Families_Net_Pt_Rev_Collected	Healthy Families program Net Patient Revenue Collected
BM	slc060107	6.1.7	Pvt_Insurance_Encounters	Encounters by Payer: Private insurance
BN	slc060207	6.2.7	Pvt_Insurance_Gro_Rev	Gross revenue, Private insurance
BO	slc060307	6.3.7	Pvt_Insurance_Gro_Rev_Slide_Fee	Private insurance write-offs, Sliding Fee Scale
BP	slc060407	6.4.7	Pvt_Insurance_Gro_Rev_Free	Private insurance write-offs, Free, Complimentary
BQ	slc060507	6.5.7	Pvt_Insurance_Gro_Rev_Contract_Adj	Private insurance write-offs, Contractual Adjustments
BR	slc060607	6.6.7	Pvt_Insurance_Gro_Rev_Bad_Debts	Private insurance write-offs, Bad Debts
BS	slc060707	6.7.7	Pvt_Insurance_Gro_Rev_Grants_Credit_Bal	Private insurance write-offs, Grants (credit balance)
BT	slc060807	6.8.7	Pvt_Insurance_Gro_Rev_Other_Adj	Private insurance, Other Adjustments
BU	slc060907	6.9.7	Pvt_Insurance_Gro_Rev_Reconciliation	Private insurance Reconciliation
BV	slc061007	6.10.7	Pvt_Insurance_Gro_Rev_TOTL_WriteOffs_Adj	Private insurance Write Offs TOTAL
BW	slc061507	6.15.7	Pvt_Insurance_Net_Pt_Rev_Collected	Private insurance Net Patient Revenue Collected
BX	slc060108	6.1.8	SelfPay_Slide_Fee_Encounters	Encounters by Payer: Self-pay, Sliding Fee
BY	slc060208	6.2.8	SelfPay_Slide_Fee_Gro_Rev	Gross revenue, Self-pay, Sliding Fee
BZ	slc060308	6.3.8	SelfPay_Slide_pay_Slide_Fee_Gro_Rev_Slide_Fee	Self-pay, Sliding Fee write-offs, Sliding Fee Scale
CA	slc060408	6.4.8	SelfPay_Slide_Fee_Gro_Rev_Free	Self-pay, Sliding Fee write-offs, Free, Complimentary
CB	slc060508	6.5.8	SelfPay_Slide_Fee_Gro_Rev_Contract_Adj	Self-pay, Sliding Fee write-offs, Contractual Adjustments
CC	slc060608	6.6.8	SelfPay_Slide_Fee_Gro_Rev_Bad_Debts	Self-pay, Sliding Fee write-offs, Bad Debts
CD	slc060708	6.7.8	SelfPay_Slide_Fee_Gro_Rev_Grants_Credit_Bal	Self-pay, Sliding Fee write-offs, Grants (credit balance)
CE	slc060808	6.8.8	SelfPay_Slide_Fee_Gro_Rev_Other_Adj	Self-pay, Sliding Fee, Other Adjustments
CF	slc060908	6.9.8	SelfPay_Slide_Fee_Gro_Rev_Reconciliation	Self-pay, Sliding Fee Reconciliation

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Data from Section 6 - Annual Utilization Report of Primary Care Clinics - 2003				
CG	slc061008	6.10.8	SelfPay_Slide_Fee_Gro_Rev_TOTL_WriteOffs_Adj	Self-pay, Sliding Fee Write Offs TOTAL
CH	slc061508	6.15.8	SelfPay_Slide_Fee_Net_Pt_Rev_Collected	Self-pay, Sliding Fee Net Patient Revenue Collected
CI	slc060109	6.1.9	Free_Encounters	Encounters by Payer: Free
CJ	slc060209	6.2.9	Free_Gro_Rev	Gross revenue, Free
CK	slc060409	6.4.9	Free_Gro_Rev_Free	Free write-offs, Free, Complimentary
CL	slc061009	6.10.9	Free_Gro_Rev_TOTL_WriteOffs_Adj	Free Write Offs TOTAL
CM	slc061509	6.15.9	Free_Net_Pt_Rev_Collected	Free Net Patient Revenue Collected
CN	slc060110	6.1.10	Breast_Cancer_Encounters	Encounters by Payer: Breast Cancer Programs
CO	slc060210	6.2.10	Breast_Cancer_Gro_Rev	Gross revenue, Breast Cancer Programs
CP	slc060310	6.3.10	Breast_Cancer_Gro_Rev_Slide_Fee	Breast Cancer Programs write-offs, Sliding Fee Scale
CQ	slc060410	6.4.10	Breast_Cancer_Gro_Rev_Free	Breast Cancer Programs write-offs, Free, Complimentary
CR	slc060510	6.5.10	Breast_Cancer_Gro_Rev_Contract_Adj	Breast Cancer Programs write-offs, Contractual Adjustments
CS	slc060610	6.6.10	Breast_Cancer_Gro_Rev_Bad_Debts	Breast Cancer Programs write-offs, Bad Debts
CT	slc060710	6.7.10	Breast_Cancer_Gro_Rev_Grants_Credit_Bal	Breast Cancer Programs write-offs, Grants (credit balance)
CU	slc060810	6.8.10	Breast_Cancer_Gro_Rev_Other_Adj	Breast Cancer Programs, Other Adjustments
CV	slc060910	6.9.10	Breast_Cancer_Gro_Rev_Reconciliation	Breast Cancer Programs Reconciliation
CW	slc061010	6.10.10	Breast_Cancer_Gro_Rev_TOTL_WriteOffs_Adj	Breast Cancer Programs Write Offs TOTAL
CX	slc061510	6.15.10	Breast_Cancer_Net_Pt_Rev_Collected	Breast Cancer Programs Net Patient Revenue Collected
CY	slc060111	6.1.11	CHDP_Encounters	Encounters by Payer: Child Health and Disability Prevention (CHDP) program
CZ	slc060211	6.2.11	CHDP_Gro_Rev	Gross revenue, Child Health and Disability Prevention (CHDP) program
DA	slc060311	6.3.11	CHDP_Gro_Rev_Slide_Fee	Child Health and Disability Prevention (CHDP) program write-offs, Sliding Fee Scale
DB	slc060411	6.4.11	CHDP_Gro_Rev_Free	Child Health and Disability Prevention (CHDP) program write-offs, Free, Complimentary
DC	slc060511	6.5.11	CHDP_Gro_Rev_Contract_Adj	Child Health and Disability Prevention (CHDP) program write-offs, Contractual Adjustments
DD	slc060611	6.6.11	CHDP_Gro_Rev_Bad_Debts	Child Health and Disability Prevention (CHDP) program write-offs, Bad Debts
DE	slc060711	6.7.11	CHDP_Gro_Rev_Grants_Credit_Bal	Child Health and Disability Prevention (CHDP) program write-offs, Grants (credit balance)
DF	slc060811	6.8.11	CHDP_Gro_Rev_Other_Adj	Child Health and Disability Prevention (CHDP) program, Other Adjustments
DG	slc060911	6.9.11	CHDP_Gro_Rev_Reconciliation	Child Health and Disability Prevention (CHDP) program Reconciliation
DH	slc061011	6.10.11	CHDP_Gro_Rev_TOTL_WriteOffs_Adj	Child Health and Disability Prevention (CHDP) program Write Offs TOTAL
DI	slc061511	6.15.11	CHDP_Net_Pt_Rev_Collected	Child Health and Disability Prevention (CHDP) program Net Patient Revenue Collected
DJ	slc060112	6.1.12	EAPC_Encounters	Encounters by Payer: Expanded Access to Primary Care (EAPC) program
DK	slc060212	6.2.12	EAPC_Gro_Rev	Gross revenue, Expanded Access to Primary Care (EAPC) program
DL	slc060312	6.3.12	EAPC_Gro_Rev_Slide_Fee	Expanded Access to Primary Care (EAPC) program write-offs, Sliding Fee Scale
DM	slc060412	6.4.12	EAPC_Gro_Rev_Free	Expanded Access to Primary Care (EAPC) program write-offs, Free, Complimentary

ANNUAL UTILIZATION - PRIMARY CARE CLINICS

2003

Spread sheet		Header Rows	NOTE: Section 6 Uses Alternate Data Item Sequence: Section-Column-Line	SECTION 6
Column	SLC_2-digit	S.L.C	English Abbreviations	Field Description
Data from Section 6 - Annual Utilization Report of Primary Care Clinics - 2003				
DN	slc060512	6.5.12	EAPC_Gro_Rev_Contract_Adj	Expanded Access to Primary Care (EAPC) program write-offs, Contractual Adjustments
DO	slc060612	6.6.12	EAPC_Gro_Rev_Bad_Debts	Expanded Access to Primary Care (EAPC) program write-offs, Bad Debts
DP	slc060712	6.7.12	EAPC_Gro_Rev_Grants_Credit_Bal	Expanded Access to Primary Care (EAPC) program write-offs, Grants (credit balance)
DQ	slc060812	6.8.12	EAPC_Gro_Rev_Other_Adj	Expanded Access to Primary Care (EAPC) program, Other Adjustments
DR	slc060912	6.9.12	EAPC_Gro_Rev_Reconciliation	Expanded Access to Primary Care (EAPC) program Reconciliation
DS	slc061012	6.10.12	EAPC_Gro_Rev_TOTL_WriteOffs_Adj	Expanded Access to Primary Care (EAPC) program Write Offs TOTAL
DT	slc061512	6.15.12	EAPC_Net_Pt_Rev_Collected	Expanded Access to Primary Care (EAPC) program Net Patient Revenue Collected
DU	slc060113	6.1.13	Family_PACT_Encounters	Encounters by Payer: Planning, Access, Care, Treatment (Family PACT) program
DV	slc060213	6.2.13	Family_PACT_Gro_Rev	Gross revenue, Planning, Access, Care, Treatment (Family PACT) program
DW	slc060313	6.3.13	Family_PACT_Gro_Rev_Slide_Fee	Planning, Access, Care, Treatment (Family PACT) program write-offs, Sliding Fee Scale
DX	slc060413	6.4.13	Family_PACT_Gro_Rev_Free	Planning, Access, Care, Treatment (Family PACT) program write-offs, Free, Complimentary
DY	slc060513	6.5.13	Family_PACT_Gro_Rev_Contract_Adj	Planning, Access, Care, Treatment (Family PACT) program write-offs, Contractual Adjustments
DZ	slc060613	6.6.13	Family_PACT_Gro_Rev_Bad_Debts	Planning, Access, Care, Treatment (Family PACT) program write-offs, Bad Debts
EA	slc060713	6.7.13	Family_PACT_Gro_Rev_Grants_Credit_Bal	Planning, Access, Care, Treatment (Family PACT) program write-offs, Grants (credit balance)
EB	slc060813	6.8.13	Family_PACT_Gro_Rev_Other_Adj	Planning, Access, Care, Treatment (Family PACT) program, Other Adjustments
EC	slc060913	6.9.13	Family_PACT_Gro_Rev_Reconciliation	Planning, Access, Care, Treatment (Family PACT) program Reconciliation
ED	slc061013	6.10.13	Family_PACT_Gro_Rev_TOTL_WriteOffs_Adj	Planning, Access, Care, Treatment (Family PACT) program Write Offs TOTAL
EE	slc061513	6.15.13	Family_PACT_Net_Pt_Rev_Collected	Planning, Access, Care, Treatment (Family PACT) program Net Patient Revenue Collected
EF	slc060114	6.1.14	SDiego_Med_Plan_Encounters	Encounters by Payer: San Diego County Medical Plan
EG	slc060214	6.2.14	SDiego_Med_Plan_Gro_Rev	Gross revenue, San Diego County Medical Plan
EH	slc060314	6.3.14	SDiego_Med_Plan_Gro_Rev_Slide_Fee	San Diego County Medical Plan write-offs, Sliding Fee Scale
EI	slc060414	6.4.14	SDiego_Med_Plan_Gro_Rev_Free	San Diego County Medical Plan write-offs, Free, Complimentary
EJ	slc060514	6.5.14	SDiego_Med_Plan_Gro_Rev_Contract_Adj	San Diego County Medical Plan write-offs, Contractual Adjustments
EK	slc060614	6.6.14	SDiego_Med_Plan_Gro_Rev_Bad_Debts	San Diego County Medical Plan write-offs, Bad Debts
EL	slc060714	6.7.14	SDiego_Med_Plan_Gro_Rev_Grants_Credit_Bal	San Diego County Medical Plan write-offs, Grants (credit balance)
EM	slc060814	6.8.14	SDiego_Med_Plan_Gro_Rev_Other_Adj	San Diego County Medical Plan, Other Adjustments
EN	slc060914	6.9.14	SDiego_Med_Plan_Gro_Rev_Reconciliation	San Diego County Medical Plan Reconciliation
EO	slc061014	6.10.14	SDiego_Med_Plan_Gro_Rev_TOTL_WriteOffs_Adj	San Diego County Medical Plan Write Offs TOTAL

ANNUAL UTILIZATION - PRIMARY CARE CLINICS

2003

Spread sheet		Header Rows	NOTE: Section 6 Uses Alternate Data Item Sequence: Section-Column-Line	SECTION 6
Column	SLC_2-digit	S.L.C	English Abbreviations	Field Description
Data from Section 6 - Annual Utilization Report of Primary Care Clinics - 2003				
EP	slc061514	6.15.14	SDiego_Med_Plan_Net_Pt_Rev_Collected	San Diego County Medical Plan Net Patient Revenue Collected
EQ	slc060115	6.1.15	LA_County_PartnrShp_Encounters	Encounters by Payer: Los Angeles County Public Private Partnership
ER	slc060215	6.2.15	LA_County_PartnrShp_Gro_Rev	Gross revenue, Los Angeles County Public Private Partnership
ES	slc060315	6.3.15	LA_County_PartnrShp_Gro_Rev_Slide_Fee	Los Angeles County Public Private Partnership write-offs, Sliding Fee Scale
ET	slc060415	6.4.15	LA_County_PartnrShp_Gro_Rev_Free	Los Angeles County Public Private Partnership write-offs, Free, Complimentary
EU	slc060515	6.5.15	LA_County_PartnrShp_Gro_Rev_Contract_Adj	Los Angeles County Public Private Partnership write-offs, Contractual Adjustments
EV	slc060615	6.6.15	LA_County_PartnrShp_Gro_Rev_Bad_Debts	Los Angeles County Public Private Partnership write-offs, Bad Debts
EW	slc060715	6.7.15	LA_County_PartnrShp_Gro_Rev_Grants_Credit_Bal	Los Angeles County Public Private Partnership write-offs, Grants (credit balance)
EX	slc060815	6.8.15	LA_County_PartnrShp_Gro_Rev_Other_Adj	Los Angeles County Public Private Partnership, Other Adjustments
EY	slc060915	6.9.15	LA_County_PartnrShp_Gro_Rev_Reconciliation	Los Angeles County Public Private Partnership Reconciliation
EZ	slc061015	6.10.15	LA_County_PartnrShp_Gro_Rev_TOTL_WriteOffs_Adj	Los Angeles County Public Private Partnership Write Offs TOTAL
FA	slc061515	6.15.15	LA_County_PartnrShp_Net_Pt_Rev_Collected	Los Angeles County Public Private Partnership Net Patient Revenue Collected
FB	slc060116	6.1.16	Alameda_Alliance_Encounters	Encounters by Payer: Alameda Alliance for Health
FC	slc060216	6.2.16	Alameda_Alliance_Gro_Rev	Gross revenue, Alameda Alliance for Health
FD	slc060316	6.3.16	Alameda_Alliance_Gro_Rev_Slide_Fee	Alameda Alliance for Health write-offs, Sliding Fee Scale
FE	slc060416	6.4.16	Alameda_Alliance_Gro_Rev_Free	Alameda Alliance for Health write-offs, Free, Complimentary
FF	slc060516	6.5.16	Alameda_Alliance_Gro_Rev_Contract_Adj	Alameda Alliance for Health write-offs, Contractual Adjustments
FG	slc060616	6.6.16	Alameda_Alliance_Gro_Rev_Bad_Debts	Alameda Alliance for Health write-offs, Bad Debts
FH	slc060716	6.7.16	Alameda_Alliance_Gro_Rev_Grants_Credit_Bal	Alameda Alliance for Health write-offs, Grants (credit balance)
FI	slc060816	6.8.16	Alameda_Alliance_Gro_Rev_Other_Adj	Alameda Alliance for Health, Other Adjustments
FJ	slc060916	6.9.16	Alameda_Alliance_Gro_Rev_Reconciliation	Alameda Alliance for Health Reconciliation
FK	slc061016	6.10.16	Alameda_Alliance_Gro_Rev_TOTL_WriteOffs_Adj	Alameda Alliance for Health Write Offs TOTAL
FL	slc061516	6.15.16	Alameda_Alliance_Net_Pt_Rev_Collected	Alameda Alliance for Health Net Patient Revenue Collected
FM	slc060117	6.1.17	Other_County_Encounters	Encounters by Payer: Other County Programs
FN	slc060217	6.2.17	Other_County_Gro_Rev	Gross revenue, Other County Programs
FO	slc060317	6.3.17	Other_County_Gro_Rev_Slide_Fee	Other County Programs write-offs, Sliding Fee Scale
FP	slc060417	6.4.17	Other_County_Gro_Rev_Free	Other County Programs write-offs, Free, Complimentary
FQ	slc060517	6.5.17	Other_County_Gro_Rev_Contract_Adj	Other County Programs write-offs, Contractual Adjustments
FR	slc060617	6.6.17	Other_County_Gro_Rev_Bad_Debts	Other County Programs write-offs, Bad Debts
FS	slc060717	6.7.17	Other_County_Gro_Rev_Grants_Credit_Bal	Other County Programs write-offs, Grants (credit balance)
FT	slc060817	6.8.17	Other_County_Gro_Rev_Other_Adj	Other County Programs, Other Adjustments
FU	slc060917	6.9.17	Other_County_Gro_Rev_Reconciliation	Other County Programs Reconciliation
FV	slc061017	6.10.17	Other_County_Gro_Rev_TOTL_WriteOffs_Adj	Other County Programs Write Offs TOTAL
FW	slc061517	6.15.17	Other_County_Net_Pt_Rev_Collected	Other County Programs Net Patient Revenue Collected
FX	slc060118	6.1.18	All_Other_Payers_Encounters	Encounters by Payer: All Other Payers
FY	slc060218	6.2.18	All_Other_Payers_Gro_Rev	Gross revenue, All Other Payers
FZ	slc060318	6.3.18	All_Other_Payers_Gro_Rev_Slide_Fee	All Other Payers write-offs, Sliding Fee Scale
GA	slc060418	6.4.18	All_Other_Payers_Gro_Rev_Free	All Other Payers write-offs, Free, Complimentary
GB	slc060518	6.5.18	All_Other_Payers_Gro_Rev_Contract_Adj	All Other Payers write-offs, Contractual Adjustments

ANNUAL UTILIZATION - PRIMARY CARE CLINICS

2003

Spread sheet		Header Rows	NOTE: Section 6 Uses Alternate Data Item Sequence: Section-Column-Line	SECTION 6
Column	SLC_2-digit	S.L.C	English Abbreviations	Field Description
Data from Section 6 - Annual Utilization Report of Primary Care Clinics - 2003				
GC	slc060618	6.6.18	All_Other_Payers_Gro_Rev_Bad_Debts	All Other Payers write-offs, Bad Debts
GD	slc060718	6.7.18	All_Other_Payers_Gro_Rev_Grants_Credit_Bal	All Other Payers write-offs, Grants (credit balance)
GE	slc060818	6.8.18	All_Other_Payers_Gro_Rev_Other_Adj	All Other Payers, Other Adjustments
GF	slc060918	6.9.18	All_Other_Payers_Gro_Rev_Reconciliation	All Other Payers Reconciliation
GG	slc061018	6.10.18	All_Other_Payers_Gro_Rev_TOTL_WriteOffs_Adj	All Other Payers Write Offs TOTAL
GH	slc061518	6.15.18	All_Other_Payers_Net_Pt_Rev_Collected	All Other Payers Net Patient Revenue Collected
GI	slc060119	6.1.19	GRAND_TOTL_Encounters	Encounters by Payer: All Payers TOTAL
GJ	slc060219	6.2.19	GRAND_TOTL_Gro_Rev	Gross revenue, All Payers GRAND TOTAL
GK	slc060319	6.3.19	GRAND_TOTL_Gro_Rev_Slide_Fee	All Payers GRAND TOTAL write-offs, Sliding Fee Scale
GL	slc060419	6.4.19	GRAND_TOTL_Gro_Rev_Free	All Payers GRAND TOTAL write-offs, Free, Complimentary
GM	slc060519	6.5.19	GRAND_TOTL_Gro_Rev_Contract_Adj	All Payers GRAND TOTAL write-offs, Contractual Adjustments
GN	slc060619	6.6.19	GRAND_TOTL_Gro_Rev_Bad_Debts	All Payers GRAND TOTAL write-offs, Bad Debts
GO	slc060719	6.7.19	GRAND_TOTL_Gro_Rev_Grants_Credit_Bal	All Payers GRAND TOTAL write-offs, Grants (credit balance)
GP	slc060819	6.8.19	GRAND_TOTL_Gro_Rev_Other_Adj	All Payers GRAND TOTAL, Other Adjustments
GQ	slc060919	6.9.19	GRAND_TOTL_Gro_Rev_Reconciliation	All Payers GRAND TOTAL Reconciliation
GR	slc061019	6.10.19	GRAND_TOTL_Gro_Rev_TOTL_WriteOffs_Adj	All Payers GRAND TOTAL Write Offs
GS	slc061519	6.15.19	GRAND_TOTL_Net_Pt_Rev_Collected	All Payers GRAND TOTAL Net Patient Revenue Collected

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS - 2003**Licensed Community and Free Clinics****GENERAL INFORMATION - SECTION 1**

1. Facility DBA (Doing Business As) Name:		2. OSHPD Facility ID No.:	
3. Street Address:		4. City:	5. Zip Code:
6. Facility Phone No.: ()	7. Administrator Name:		8. Administrator's E-Mail Address:
9. Was this clinic in operation at any time during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What were the dates of operation?		(MMDDYYYY): 10. From:	(MMDDYYYY): 11. Through:
12. Name of Parent Corporation:			
13. Corporate Business Address:		14. City:	15. State: 16. Zip Code:
17. Corporate Phone No. ()			
18. Person Completing Report		19. Phone No. () Ext.	
20. Fax No. ()		21. E-mail Address:	

CERTIFICATION

I declare the following under penalty of perjury: that I am the current administrator of this health facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility; that the records and logs are true and correct to the best of my knowledge and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from medical records and logs of the information requested.

Date

Administrator Signature

Administrator Name (Please Print)

Completion of the Annual Utilization Report of Primary Care Clinics is required by Section 127285 and Section 1216 of the Health and Safety Code. Failure to complete and file this report by February 15 may result in suspension of the clinic's license.

Office of Statewide Health Planning and Development

Accounting and Reporting Systems Section

Licensed Services Data and Compliance Unit

818 K Street, Room 400

Sacramento, CA 95814

Phone: (916) 323-7685

FAX: (916) 322-1442

CLINIC SERVICES

SECTION 2

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003

OSHPD FACILITY ID # _____

LICENSE CATEGORY (TYPE) (Completed by OSHPD)

Line No.		(1)
1	Community	
	Free	

FEDERALLY QUALIFIED HEALTH CLINIC (FQHC)

Line No.	(1)
2	FQHC <input type="checkbox"/> FQHC Look-Alike <input type="checkbox"/> Neither <input type="checkbox"/>

(Indicate clinic type, if applicable.)

RURAL HEALTH CLINIC

Line No.	(1)
3	Yes <input type="checkbox"/> No <input type="checkbox"/>

(Is this a 95-210 Rural Health Clinic?)

COMMUNITY SERVICES (Indicate Community Services offered.)

Line No.		(1) Offered
10	Adult Day Care	
11	Child Care	
12	Community Education	
13	Community Nutrition	
14	Disaster Relief	
15	Environmental Health	
16	Homeless	
17	Legal	
18	Outreach	
19	Social Services	
20	Substance Abuse	
21	Transportation	
22	Vocational Training Placement	
23	Other	

LANGUAGES SPOKEN BY STAFF

AND PATIENTS*

Line No.		(1) Staff	(2) Patients
30	Arabic		
31	Armenian		
32	Cambodian		
33	Chinese		
34	Hindustani		
35	Hmong		
36	Japanese		
37	Korean		
38	Laotian		
39	Portuguese		
40	Punjabi		
41	Russian		
42	Sign Language		
43	Spanish		
44	Tagalog		
45	Vietnamese		

***Staff** - Indicate if one or more of your staff members speak a listed language. **Patients** - Indicate if 100 patients (or more than 1% of your patient populations) are best served in a listed language. Estimates are acceptable if exact counts are not available.

LANGUAGE SUMMARY

Line		(1)
55	Enter percent of patient population best served in a non-English language (round to nearest WHOLE percent)	
56	From the languages listed above, enter the name of the primary language (other than English) spoken by your patient population.	

FTEs AND ENCOUNTERS BY PRIMARY CARE PROVIDER

Line No.	Primary Care Providers	(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Encounters
60	Physicians					
61	Physician Assistants					
62	Family Nurse Practitioners					
63	Certified Nurse Midwives					
64	Visiting Nurses					
65	Dentists					
66	Registered Dental Hygienists					
67	Psychiatrist					
68	Clinical Psychologist					
69	Licensed Clinical Social Worker (LCSW)					
70	Marriage, Family and Child Counselors (MFCC)					
71	Other Providers billable to Medi-Cal**					
74	Other Certified CPSP providers not listed above***					
75	Totals					

**Other Provider billable to Medi-Cal - Included here are Chiropractors, Physical Therapists, Optometrists, Acupuncturists and any other professional who is able to be reimbursed through the Medi-Cal program.

*** Comprehensive Perinatal Services Program - List all other professionals not listed above that are certified by the CPSP program to render services and can be reimbursed.

FTEs AND CONTACTS BY PRIMARY CARE PROVIDER

Line No.	Primary Care Providers	(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Contacts
80	Registered Dental Assistants					
81	Registered Nurses					
82	Licensed Vocational Nurses					
83	Non-Licensed Patient Education Staff					
89	Other Providers not listed above					
90	Totals					

* Report FTEs to two decimal places, e.g., 2.25

PATIENT DEMOGRAPHICS**SECTION 3****ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003**

OSHPD FACILITY ID # _____

RACE

Line No.		(1) No. of Patients
1	White (include Hispanic)	
2	Black	
3	Native American / Alaskan Native	
4	Asian / Pacific Islander	
9	Other / Unknown	
10	Total Patients*	

FEDERAL POVERTY LEVEL

	(1) Patients	Line No.
Under 100%		20
100 - 200%		21
Above 200%		22
Unknown		23
Total Patients*		24

ETHNICITY

Line No.		(1) No. of Patients
11	Hispanic	
12	Non-Hispanic	
13	Unknown	
15	Total Patients*	

AGE CATEGORY

	(1) Males	(2) Females	Line No.
Under 1 year			40
1 - 4 years			41
5 - 12 years			42
13 - 14 years			43
15 - 19 years			44
20 - 34 years			45
35 - 44 years			46
45 - 64 years			47
65 and over			48
Total Patients*			55

**SEASONAL AGRICULTURAL
AND MIGRATORY WORKERS**

Line No.		(1)
30	Total Patients	
31	Total Encounters	

PATIENT COVERAGE

Line No.		(1) No. of Patients
60	Medicare	
61	Medicare - Managed Care	
62	Medi-Cal	
63	Medi-Cal - Managed Care	
64	County Indigent / CMSP / MISP	
65	Healthy Families	
66	Private Insurance	
67	Alameda Alliance for Health	
68	LA Co. Public Private Partnership	
69	San Diego Co. Medical Plan	
70	Self-Pay / Sliding Fee	
71	Free	
74	All Other Payers	
75	Total Patients*	

EPISODIC PROGRAMS

	(1) Patients	Line No.
BCCCP		80
CHDP		81
EAPC		82
Family PACT		83
Other County Programs		84
Childrens Treatment Program		85
Other Payer - covered by a grant		89
Total Episodic Patients (duplicated)		90

CHILD HEALTH AND DISABILITY PREVENTION (CHDP)

	(1) Number	Line No.
CHDP Assessments		95

* Totals for these tables must agree.

ENCOUNTERS BY PRINCIPAL DIAGNOSIS**ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003****SECTION 4**

OSHDP FACILITY ID # _____

Report the diagnosis (or symptom, condition, problem or complaint) as the main reason for the encounter. Do not report the secondary diagnosis(es). There should be one (and only one) principal diagnosis for each encounter.

ENCOUNTERS BY PRINCIPAL DIAGNOSIS

Line No.	Classification of Diseases and/or Injuries for each Principal Diagnosis	ICD-9-CM Codes	(1) No. of Encounters	Line No.
1	Infectious and Parasitic Diseases	001 - 139		1
2	Neoplasms	140 - 239		2
3	Endocrine, Nutritional, and Metabolic Diseases, and Immunity Disorders	240 - 279		3
4	Blood and Blood Forming Disorders	280 - 289		4
5	Mental Disorders	290 - 319		5
6	Nervous System and Sense Organs Diseases	320 - 389		6
7	Circulatory System Diseases	390 - 459		7
8	Respiratory System Diseases	460 - 519		8
9	Digestive System Diseases	520 - 579		9
10	Genitourinary System Diseases	580 - 629		10
11	Pregnancy, Childbirth & the Puerperium	630 - 677		11
12	Skin and Subcutaneous Tissue Diseases	680 - 709		12
13	Musculoskeletal System and Connective Tissue Diseases	710 - 739		13
14	Congenital Anomalies	740 - 759		14
15	Certain Conditions Originating in the Perinatal Period	760 - 779		15
16	Symptoms, Signs, and Ill-defined Conditions	780 - 799		16
17	Injury and Poisoning	800 - 999		17
18	Factors Influencing Health Status and Contact with Health Services	V01 - V82		18
19	Dental Diagnoses			19
20	Family Planning S-Codes			20
21	Other			21
25	Total			25

SECTION 4

ENCOUNTERS BY PRINCIPAL SERVICE

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003

SECTION 5

OSHPD FACILITY ID # _____

Classify each encounter by the primary CPT code that was reported on the billing document for this encounter. Do not report secondary procedures. There should be one and only one procedure code reported for each encounter.

ENCOUNTERS BY PRINCIPAL SERVICE

Line No.	Principal Service	CPT Codes - 2003	(1) No. of Encounters	Line No.
	Evaluation and Management Services			
1	Evaluation and Management (new patient)	99201 - 99205		1
2	Evaluation and Management (established patient)	99211 - 99215		2
3	Hospital Related Services	99217 - 99239		3
4	Consultations	99241 - 99275		4
5	Other Evaluation and Management Services	99281 - 99285 99354 - 99360 99420 - 99429 99450 - 99456, 99499		5
6	Nursing Facility Related Services	99301 - 99316		6
7	Case Management Services	99361 - 99373		7
8	Preventive Medicine (infant, child, adolescent)	99381 - 99384 99391 - 99394 99431 - 99440		8
9	Preventive Medicine (adults)	99385 - 99387 99395 - 99397		9
10	Counseling	99401 - 99412		10
	All Other Services			
11	Anesthesia	00100 - 01999		11
12	Integumentary System	10021 - 19499		12
13	Musculoskeletal System	20000 - 29999		13
14	Respiratory System	30000 - 32999		14
15	Cardiovascular System	33010 - 37799		15
16	Hemic and Lymphatic System	38100 - 38999		16
17	Mediastinum and Diaphragm System	39000 - 39599		17
18	Digestive System	40490 - 49999		18
19	Urinary System	50010 - 53899		19
20	Male Genital System	54000 - 55899		20
21	Intersex Surgery	55970, 55980		21
22	Female Genital System	56405 - 58999		22
23	Maternity Care and Delivery	59000 - 59899		23
24	Endocrine System	60000 - 60699		24
25	Nervous System	61000 - 64999		25
26	Eye and Ocular Adnexa System	65091 - 68899		26
27	Auditory System	69000 - 69990		27
28	Radiology	70010 - 79999		28
29	Pathology / Laboratory	80048 - 89399		29
30	Medicine - Special Services	90281 - 99199		30
31	Family Planning "Z" codes	"Z" codes		31
32	Dental encounters	all CDT codes		32
33	Category III Codes	0001T - 0044T		33
44	Any other encounters			44
45	Total			45

SELECTED PROCEDURES**ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003****SECTION 5 (continued)**

OSHPD FACILITY ID # _____

Report the number of procedures for each code (or range of codes) regardless of whether it is the primary or subsequent procedure code.

SELECTED PROCEDURE CODES

Line No.	Selected Procedures	CPT Codes - 2003	(1) No. of Procedures	Line No.
50	Mammogram	76085, 76090 - 76092		50
51	HIV Testing	86701 - 86703 86689, 87390 - 87391		51
52	Pap Smear	88141 - 88155 88164 - 88167 88174 - 88175		52
53	Contraceptive Management	11975 - 11977 55250, 55450, 57170, 58300 - 58301, 58600 - 58611		53
60	Vaccinations: DPT, Tetanus and Diphtheria	90701, 90718, 90700		60
61	Hemophilus Influenza B (Hib)	90645 - 90648		61
62	Hepatitis A	90633-90636		62
63	Hepatitis B or HepB-HIB	90740 - 90747		63
64	HepB and Hib	90748		64
65	Influenza Virus Vaccine	90657 - 90660		65
66	Measles, Mumps and Rubella (MMR)	90707		66
67	Pneumococcal	90669		67
68	Poliovirus	90712 - 90713		68
69	Varicella	90716		69

REVENUE AND UTILIZATION BY PAYER
SECTION 6

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003

OSHDP FACILITY ID # _____

REVENUE AND UTILIZATION BY PAYMENT SOURCE

Line No.		PAYMENT SOURCE									Line No.
		(1) Medicare	(2) Medicare - Managed Care	(3) Medi-Cal	(4) Medi-Cal - Managed Care	(5) County Indigent / CMSP / MISP	(6) Healthy Families	(7) Private Insurance	(8) Self-Pay / Sliding Fee	(9) Free	
1	Encounters										1
2	Gross Revenue										2
3	Write-offs and Adjustments Sliding Fee Scale										3
4	Free/ Complimentary										4
5	Contractual Adjustments										5
6	Bad Debt										6
7	Grants (credit balance)					()	()	()	()	()	7
8	Other Adjustments										8
9	Reconciliation										9
10	Total Write Offs & Adj. (sum lines 3-9)										10
15	Net Patient Revenue (line 2 - line 10)										15

REVENUE AND UTILIZATION BY PAYER

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003

SECTION 6 (continued)

OSHPD FACILITY ID # _____

REVENUE AND UTILIZATION BY PAYMENT SOURCE

Line No.		PAYMENT SOURCE										Line No.
		(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
		Breast Cancer Programs*	CHDP	EAPC	Family PACT	San Diego Co. Medical Plan	LA Co. Public Private Partnership	Alameda Alliance for Health	Other County Programs	All Other Payers	Total	
1	Encounters											1
2	Gross Revenue											2
3	Write-offs and Adjustments											
4	Sliding Fee Scale											3
5	Free/ Complimentary											4
6	Contractual Adjustments											5
7	Bad Debt											6
8	Grants (credit balance)	()	()	()	()	()	()	()	()	()	()	7
9	Other Adjustments											8
10	Reconciliation											9
10	Total Write Offs & Adj. (sum lines 3-9)											10
15	Net Patient Revenue (line 2 - line 10)											15

*These include the following:

Breast Cancer Early Detection Program

Breast and Cervical Cancer Control Program

INCOME STATEMENT**SECTION 7****ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003**

OSHDPD FACILITY ID # _____

INCOME STATEMENT

Line No.		(1) Total	Line No.
1	GROSS PATIENT REVENUE (from Sec 6(2), line 2, col. 19)		1
2	TOTAL WRITE-OFFS AND ADJUSTMENTS (from Sec 6(2), line 10, col. 19)		2
3	NET PATIENT REVENUE (from Sec 6(2), line 15, col. 19)		3
4	OTHER OPERATING REVENUE: Federal Funds		4
5	State Funds		5
6	County Funds		6
7	Local (City or District) Funds		7
8	Private		8
9	Donations / Contributions		9
19	Other		19
20	TOTAL OTHER OPERATING REVENUE (sum lines 4-19)		20
25	TOTAL OPERATING REVENUE (line 3 + line 20)		25
30	OPERATING EXPENSES: Salaries, Wages and Employee Benefits		30
31	Contract Services - Professional		31
32	Supplies - Medical and Dental		32
33	Supplies - Office		33
34	Outside Patient Care Services		34
35	Rent / Depreciation / Mortgage Interest		35
36	Utilities		36
37	Professional Liability Insurance		37
38	Other Insurance		38
39	Continuing Education		39
44	All Other Expenses		44
45	TOTAL OPERATING EXPENSES (sum lines 30-44)		45
50	NET FROM OPERATIONS (line 25 - line 45)		50

MAJOR CAPITAL EXPENDITURES**ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003****SECTION 8**

OSHDP FACILITY ID # _____

Section 127285 (3) of the Health and Safety Code requires each clinic to report "acquisitions of diagnostic or therapeutic equipment during the reporting period with a value in excess of five hundred thousand dollars (\$500,000)."

DIAGNOSTIC AND THERAPEUTIC EQUIPMENT ACQUIRED COSTING OVER \$500,00

Did your clinic purchase any diagnostic or therapeutic equipment that had a value of \$500,000 or more?

Line No.	(1)		
1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

(If "yes", fill out lines 2 through 11 below.)

EQUIPMENT DETAIL

Line No.	(1) Description of Equipment	(2) Value	(3) Date of Acquisition (MM/DD/YYYY)	(4) Means of Acquisition (Check one.)			
2				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
3				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
4				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
5				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
6				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
7				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
8				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
9				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
10				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
11				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>

BUILDING PROJECTS COMMENCED DURING REPORT PERIOD COSTING OVER \$1,000,000

Section 127285 (4) of the Health and Safety Code requires each clinic to report the "commencement of projects during the reporting period that require a capital expenditure for the clinic in excess of one million dollars (\$1,000,000)."

Did your clinic commence any building projects during the report period which will require an aggregate capital expenditure exceeding \$1,000,000?

Line No.	(1)		
25	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

(If "yes", fill out lines 26 and 30 below.)

DETAIL OF CAPITAL EXPENDITURES

Line No.	(1) Description of Project	(2) Projected Total Capital Expenditure	(3) OSHDP Project No. (if applicable)
26			
27			
28			
29			
30			

MAJOR CAPITAL EXPENDITURES**SECTION 8 (continued)**

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2003

OSH PD FACILITY ID # _____

CAPITAL FUND

Line No.		(1)
40	Beginning Fund Balance	
41	Current Year Contributions	
42	Current Year Interest Earnings	
43	Current Years Expenditures	()
44	Ending Fund Balance (line 15+line 16+line 17-line 18)	